THE HEALTH STANDARD

Tired, Gaining Weight, and Not Feeling Like Yourself?

YOUR 7-DAY HEALTH RESET

Small steps to notice patterns, care for yourself, and prepare for a better conversation about your health.

- ☐ A realistic seven-day action plan
- ☐ A sleep, energy, and symptom tracker
- ☐ Questions to bring to your provider
- ☐ Writing space for your concerns and next steps



You do not have to figure everything out this week. Start with one manageable step and a clearer picture of what you need.

This is a reset of your routine, not a detox or a promise of weight loss or hormone changes. Educational only; it does not replace medical care.

Start With Curiosity

Your symptoms deserve attention, not self-blame.

Feeling tired or noticing weight changes can be frustrating, especially when you are already trying to take care of yourself. This guide helps you organize what you notice without jumping to a diagnosis.

TOPICS TO BRING INTO THE CONVERSATION

Sleep and your routine

Write down your sleep hours, awakenings, shift schedule, snoring, or waking up unrefreshed. Share ongoing sleep concerns with your provider.

Medicines and recent changes

List prescriptions, supplements, and when anything changed. Ask whether a medicine could be relevant; do not stop or change it on your own.

Thyroid health

Fatigue and weight gain can occur with an underactive thyroid, but symptoms alone cannot diagnose it. Your history and exam help guide whether testing is appropriate.

Cycle and menopausal changes

If relevant, note changes in periods, hot flashes, night sweats, or sleep. These can be part of the menopausal transition, but other causes may need review.

The change I most want to understand:

Arrange a medical visit for persistent, unexplained, or worsening symptoms. You do not need to finish this guide before asking for help.

Your Reset: Days 1-4

One small action each day. Repeat or adapt what works for you.

DAY 1 / NOTICE YOUR STARTING POINT

Record your sleep, energy, and most bothersome symptom on page 5. Choose one concern you would like to understand. No daily weigh-in is required.

What feels different from my usual?

DAY 2 / MAKE ROOM FOR SLEEP

Choose a realistic bedtime and wake time. Try turning off screens 30 minutes before bed and avoiding afternoon or evening caffeine.

One sleep change I can realistically try:

DAY 3 / PLAN ONE NOURISHING MEAL

Choose a meal you enjoy and can access. Write down what you need and when you will eat. Keep any prescribed nutrition plan; there is no calorie target or fasting requirement here.

My meal plan / what I need:

DAY 4 / CHOOSE COMFORTABLE MOVEMENT

If it is safe for you, try a short walk, gentle stretching, or another activity you enjoy. Start small and follow any activity restrictions. Some activity is better than none.

My activity / how I felt afterward:

Your Reset: Days 5-7

Make space for support and decide what comes next.

DAY 5 / TAKE ONE THING OFF YOUR PLATE

Choose a brief pause, ask someone for practical help, or simplify one task. This is time to notice what you need, not another goal to perform perfectly.

One thing I can simplify / one person I can ask:

DAY 6 / PREPARE YOUR HEALTH QUESTIONS

Use page 6 to list medicines, symptom timing, and your top questions. If symptoms are ongoing, request a visit rather than trying to solve them with supplements or a new diet.

The question I most want answered:

DAY 7 / REVIEW WITHOUT JUDGMENT

Look over your notes. Choose one habit worth keeping and one concern to discuss with your provider. Seven days of notes can start a conversation; they do not establish a cause.

What I noticed / what I want to keep:

My next step and the date I will take it:

Your Seven-Day Pattern Tracker

A few notes each day are enough. Skip anything that is not useful.

Energy: 0 = no energy, 10 = your usual best. Write symptoms in your own words. This tracker is for noticing patterns, not scoring your health.

Day	Sleep hrs	Energy	Symptoms / timing	Context / what I tried
1				
2				
3				
4				
5				
6				
7				

Context ideas: night awakenings, meals, activity, stress, cycle changes, or a new medicine. Record observations without assuming one caused the other.

A pattern or question I want to discuss:

Make Your Visit Count

Bring this page and your tracker to your appointment.

My main concern / when it started / how it affects my day:

Other changes, treatments I tried, and what happened:

MY MEDICINES + SUPPLEMENTS

Include name, dose, how you take it, and how often. Attach your list if needed.

Allergies / reactions / refill or medication concerns:

QUESTIONS I CAN ASK

What possible causes fit my symptoms and history?

Would any tests be useful for me, and what would they tell us?

What should I do next, and when should we reassess?

My own question:

Your Plan After the Visit

Ask your provider to help you fill in anything that is unclear.

What we discussed / what my provider explained:

My care plan / medication changes / instructions:

Tests or referrals / who schedules them / expected timing:

How I will receive results / who to contact if I do not hear back:

Follow-up date / symptoms needing urgent attention / contact number:

Keep these completed pages for yourself and your care team. There is no need to email your personal health details to receive this free guide.

Keep Going, One Step at a Time

You deserve a clear conversation about how you feel.

Use what helped, leave what did not, and bring your questions to a qualified healthcare professional. The goal of this week is a more manageable routine and useful observations, not a number on the scale.

One small commitment I want to carry into next week:

Something I learned about what I need:

Support I want to ask for:

My next step / when I will take it:

For emergencies such as chest pain, severe trouble breathing, or fainting, seek emergency care rather than waiting to complete this worksheet.