

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Instructions

1. Print this page. Write current month & year at top. Use current calendar to write days of month in small boxes from 1 on.
2. Find your first injection-day (ex. Thurs 2nd). In upper-right of that day's bigger box, write your **Dose** for that day in units. To find your **Dose**, use [How to Use Your QK](#) (or [BK for Tirzepatide](#)). It's at the bottom of [MedPure.com](#), either QK or BK.
3. Add remaining injection-days for the month: Each is 1 week after first injection-day. Write your **Dose** for each day.
4. Print 2-3 more copies of this page. Repeat the above for 12 injection-days for Semaglutide, or 8 for Tirzepatide.
5. For each injection-day, in the lower-left, add **W** for Walk-day. You will take one or two longer walks on those days.
6. For each week, add 3 to 5 half-hour **R**'s for Resistance Workouts (weights, bands, pilates). Keep same days of week.
7. For each week, add 3 to 5 half-hour **A**'s for Aerobic Workouts (run, step, class, bike, yoga, stretch). **A**'s can be with **R**'s.
8. Below, circle ways this month you will add more proteins (because you will eat less food). Avoid those with sugar.
 Protein shakes Lean meats Fish Protein bars Eat proteins first Snack on cheese Eggs Collagen
 Yogurt Milk Tuna Cottage cheese Beans Sushi Nuts Seeds Peas Almond Milk Hummus
9. Below, circle ways this month you will add more minerals & vitamins (check for overlap). Avoid those with sugar.
 Electrolyte powders Multi-vitamin/mineral Magnesium Potassium A B2 B9 B12 C D E
 Niacin Fish oil Calcium Iron Selenium Zinc Phosphorus Trace Minerals Sodium Chloride Boron
10. After every day (or set of days), document all your above activities by doing the following:
 - a. Circle the **Doses** you took on your **injection-days**. Also, circle the **R**'s and **A**'s you did.
 - b. Write a **P** for Protein on the days you ate at least **3** sources of proteins. If you count, do at least 100 grams.
 - c. Write an **M** for Minerals/vitamins on the days you took **3** or more added sources of Minerals & vitamins.
 - d. Write an **H** for H₂O if you drank at least **eight** 12-ounces of water. Write an **S** if you tried hard to avoid Sugar.
 - e. Write your **# of pounds** that you weigh on that day in top-right of the box 2 or 3 times a week.