

COMPANION KIT · CHAPTER 6

My Energy & Cravings Toolkit

A 2-week plan, a practical checklist and a daily diary for energy and cravings, with an afternoon-dip comparison and a page to review how it went. Print it, or fill it in on screen.

Start
Read the safety notes on the first page.

Track
Follow the plan and fill in the diary each day.

Review
Use the last page to decide what to do next.

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My Energy & Cravings Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

GET CHECKED FIRST

Unintended weight loss, marked unexplained fatigue lasting weeks, diabetes symptoms, possible thyroid symptoms or sleep-apnoea symptoms need medical assessment. Blood vomiting, black/tarry stool or severe unexplained pain need urgent care; collapse or heavy bleeding is an emergency.

KEEP THE FOCUS SUPPORTIVE

Weight recording is optional and no more than weekly in this pack. Skip it if distressing. Underweight, eating concerns or a history of disordered eating warrant individual professional support before weight-focused changes.

NO CRASH DIETS OR SELF-PRESCRIBING

Do not use an unsupervised very-low-calorie diet, detox or supplement stack. Weight changes take months and vary. GLP-1 medicines and treatment changes require a clinician.

READING YOUR DIARY

An afternoon dip does not diagnose a blood-sugar problem. A diary cannot establish a microbiome cause. Discuss supplements and interactions with a pharmacist, including berberine, slimming products and concentrated extracts.

My main question / professional already involved

A 2-week plan

HOW TO USE THIS PLAN

Choose the steps that suit you. You do not need to do all of them.

Days 1–3 · Notice the pattern

Record meals, hunger and morning/afternoon energy. Identify recurring packaged foods without judging yourself. Optional weekly weight is not the main outcome.

Days 4–7 · One food and movement step

Choose a tolerable protein/fibre meal change and one affordable food swap. Add a short comfortable walk if suitable. No calorie target is prescribed by this worksheet.

Days 8–10 · Make rest visible

Record sleep and try a consistent wind-down routine. Add movement only at a manageable pace. Use the Sleep and Stress workbook if relevant.

Days 11–14 and day 15 · Review

Pause to notice hunger and stress before one snack. Choose a supportive response to one trigger. Review energy and sustainable habits, and ask your doctor about persistent fatigue or treatment needs.

The one step I choose first

Review date and who I will contact if needed

My practical checklist

Tick what you have done and note what to do next.

- [ ] I have checked the red flags, and none apply (or I have seen my doctor)
- [ ] I have had iron, thyroid and blood sugar checked if I have persistent fatigue or unexplained weight change
- [ ] I eat in a modest energy deficit most days
- [ ] I have protein and vegetables at every main meal
- [ ] I limit ultra-processed food and sugar-sweetened drinks
- [ ] I do at least 150 minutes of movement a week
- [ ] I sleep 7 to 9 hours most nights and have a consistent bedtime
- [ ] I practise a brief pause before comfort eating
- [ ] I take any supplements with full awareness of their evidence and interactions
- [ ] I keep a tracker and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date

Weight (optional; once a week)

Energy: morning (0 to 10)

Energy: afternoon (0 to 10)

Hunger at main meals (0 to 10)

Mood (0 to 10)

Notes: what helped, what was hard, what to try tomorrow

What I ate and drank

Breakfast: what and when

Lunch: what and when

Evening meal: what and when

Snacks and drinks

Ultra-processed foods (rough count)

Steps taken today

Minutes of movement

Hours of sleep last night

Wind-down routine (yes or no)

Stress level (0 to 10)

Ate because of emotions rather than hunger (yes or no)

Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

Day / date	AM energy 0–10	PM energy 0–10	Hunger 0–10	Sleep / context
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

What helped, what was difficult, and what else might explain a change?

The afternoon-dip comparison

Note your energy on days when you change one thing.

My afternoon pattern

When energy falls, what it feels like, and how long it has been happening.

Meal and sleep context

Lunch time/content, last night's sleep, caffeine and other relevant context.

One manageable comparison

A meal, movement or rest change I want to observe without changing everything.

What I noticed

Morning/afternoon energy and hunger; what else could explain a difference?

A kind next step

What is practical to keep? What needs medical advice?

Review and next steps

Warning signs always need earlier care.

What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.