

PROJECT / REBUILD

FIELD TOOLS / PRINT + USE

THE HUNGER SWITCH

Action Workbook

Quick-start cards, planners, trackers, audits, and scripts for the 14-day system.

KEVIN REESE

PROJECT REBUILD

QUICK START

What to do tomorrow

Do these seven things. Ignore the urge to rebuild your entire life overnight.

- ☐ Choose: 3 meals, 2 meals + booster, or 4 mini-feedings.
- ☐ Write your clinician-approved protein target or working discussion range.
- ☐ Pick tomorrow's protein anchors before bed.
- ☐ Set three fluid cues tied to routines.
- ☐ Choose one produce/fiber food you tolerate.
- ☐ Save your prescriber's contact information and current Medication Guide.
- ☐ Record hunger, fullness, symptoms, energy, and one sentence at day's end.

MEAL FORMULA

PROTEIN ANCHOR + PRODUCE + OPTIONAL CARBOHYDRATE + FLAVOR/FAT

RECOVERY RULE

Return at the next meal. No punishment, starvation, or Monday restart.

SAFETY CHECK

Know when the workbook stops

This page is not a symptom diagnosis. It helps you decide when food planning is no longer the right tool.

- ☐ I can keep fluids down.
- ☐ Symptoms are mild enough that I can use small, tolerated foods.
- ☐ I do not have severe or persistent abdominal pain.
- ☐ I do not have trouble breathing or swelling of my face/lips/tongue/throat.
- ☐ I am not fainting, confused, or experiencing concerning low-blood-sugar symptoms.
- ☐ My clinician knows about persistent, severe, or worsening GI symptoms.
- ☐ My care team knows I take a GLP-1 before surgery or deep sedation.

STOP AND GET HELP

If a safety statement above is false or you are worried, use your prescriber's instructions, urgent care, emergency services, or poison control as appropriate. Do not self-adjust medication.

PROTEIN TARGET PLANNER

Turn one number into a daily pattern

Use the target from your clinician. If none was provided, discuss the 80-120 g/day practical range from the 2025 joint advisory before treating it as your target.

My clinician-approved target

My eating rhythm

My minimum alert point*

Who I contact if intake stays low

**An alert point is not a universal medical threshold. It is a personal trigger for contacting your care team when you repeatedly cannot follow the nutrition plan.*

Rhythm	Math	My plan
3 anchors	target $\div$ 3	____ g + ____ g + ____ g
2 + booster	target minus booster; divide rest by 2	____ g + ____ g + ____ g
4 mini-feedings	target $\div$ 4	____ g $\times$ 4

EXAMPLE

A 100 g target could be 30 + 30 + 30 + a 10 g add-on, or 40 + 40 + a 20 g booster. Comfort and clinician guidance decide the pattern.

PROTEIN CHEAT SHEET

Build anchors quickly

Values are approximations. Check labels and portions for your actual foods.

Food	Portion	Approx. protein
Chicken/lean beef	4 oz cooked	28-32 g
Fish	4 oz cooked	22-28 g
Greek yogurt	1 cup	18-25 g
Cottage cheese	1 cup	24-28 g
Eggs + whites	2 eggs + 1/2 cup whites	~25 g
Tuna pouch	1 pouch	15-20 g
Firm tofu	6 oz	18-24 g
Edamame	1 cup cooked	~18 g
Lentils	1 cup cooked	~18 g
Milk / soy milk	1 cup	7-10 g
Protein beverage	1 serving	20-30 g

My easiest anchor _____

My low-appetite anchor _____

My shelf/freezer backup _____

MEAL BUILDER CARD

Choose one from each useful layer

Carbohydrate is optional per meal—not prohibited. Flavor makes repetition possible.

Protein anchor	Produce	Carbohydrate	Flavor/fat
Chicken	Cooked vegetables	Potato	Salsa
Fish	Salad	Rice	Lemon
Eggs	Fruit	Oats/toast	Cheese
Greek yogurt	Berries	Oats	Nuts
Cottage cheese	Fruit/vegetables	Crackers	Seasoning
Tofu/beans	Stir-fry vegetables	Rice/tortilla	Sauce

Default meal 1 _____

Default meal 2 _____

Family dinner formula _____

Emergency meal _____

LOW-APPETITE LADDER

Use the highest step you can tolerate

Move down in volume—not into nutritional chaos.

Level	What to try	Next step
A / Normal	Small balanced meal from the builder.	Stop comfortably; save remainder.
B / Reduced	Half meal; softer protein; cooked produce.	Schedule a second small opportunity.
C / Very low	Mini protein anchor + sips; bland/lower-fat food.	Repeat later; log intake and symptoms.
D / Cannot meet basics	Do not force or self-treat severe symptoms.	Contact the appropriate clinician promptly.

Foods that usually work

Foods that worsen symptoms

My contact threshold

Prescriber contact

GROCERY BUILDER

The 2-2-3-2-2 cart

Choose enough variety to avoid fatigue, not so much that food spoils.

☐ 2 fast proteins: _____ / _____

☐ 2 cook-once proteins: _____ / _____

☐ 3 produce choices: _____ / _____ / _____

☐ 2 carbohydrates: _____ / _____

☐ 2 flavor tools: _____ / _____

☐ 2 emergency shelf/freezer options: _____ / _____

Household add-ons

Other people need _____

Shared dinner 1 _____

Shared dinner 2 _____

Use-first perishables _____

BACKUP PLAN

Decide before the hard day

Write one option for each failure point. Specific beats aspirational.

If...	Then I will...
Work runs late	
I feel mildly nauseated	
Meat sounds awful	
I forgot lunch	
Family orders takeout	
I am traveling	
I overeat	Return at next meal; no punishment.
Hunger is louder	

EATING-OUT SCRIPT

Order in five decisions

You do not need to explain your medication or diet to the table.

☐ Protein: _____

☐ Produce: _____

☐ Carbohydrate I actually want: _____

☐ Sauce/fried/creamy choice: side / small / skip / enjoy

☐ Exit plan: share / box early / stop comfortably

Simple language

- “Could I get the sauce on the side?”
- “Can I swap one side for vegetables or fruit?”
- “Could you bring a box with the meal?”
- “I’m good—this was great.”

NO APOLOGY REQUIRED

Stopping before the plate is empty is not wasteful failure. Take it home when safe, share it, or accept that restaurant portions are not personal obligations.

14-DAY TRACKER / DAYS 1-7

Track enough to learn

Use 0-5 for hunger, fullness, symptoms, and energy. Protein can be approximate.

Day	Protein	Fluids	Hunger	Symptoms	Energy	Win / barrier
1						
2						
3						
4						
5						
6						
7						

Day 7 review

Easiest anchor

Biggest barrier

One change for next week

14-DAY TRACKER / DAYS 8-14

Practice the real world

Add the return skill: how quickly did you resume normal structure after disruption?

Day	Protein	Fluids	Hunger	Symptoms	Return	Win / barrier
8						
9						
10						
11						
12						
13						
14						

Day 14 review

What became easier _____

What still breaks _____

Next 14-day focus _____

WEEKLY REVIEW

Keep, change, escalate

Ten minutes. One change. No dramatic reset.

- ☐ I used my planned protein anchors most days.
- ☐ I followed my fluid plan or identified the barrier.
- ☐ I included tolerated plant foods/fiber.
- ☐ My symptoms were mild/manageable—or I contacted my clinician.
- ☐ I had backup food available.
- ☐ I returned at the next meal after disruption.
- ☐ My eating pattern supports energy and daily function.

KEEP

CHANGE ONE THING

ASK MY CLINICIAN

PROGRESS DASHBOARD

Measure the rebuild, not just the loss

Use consistent conditions and longer intervals for body measurements.

Measure	Baseline	Week 2	Week 4	Week 8	Notes
Weight average					
Waist					
Clothing fit					
Energy / 5					
Daily function					
Strength marker*					

**Only if medically appropriate and performed consistently. Phase 2 provides the full training framework.*

What the scale cannot show

Most useful non-scale change

PLATEAU AUDIT

Confirm, inspect, change one thing

Do not use this page after one flat week.

- ☐ Trend has been flat about 3-4 consistent weeks.
- ☐ Weigh-ins were under similar conditions.
- ☐ I checked constipation, sodium, travel, cycle, and water shifts.
- ☐ I reviewed seven real days including weekends and drinks.
- ☐ I checked protein, fluid, sleep, and energy/movement.
- ☐ I compared current movement with my own recent baseline.
- ☐ I did not change my medication on my own.

Most likely issue

One 10-14 day change

Review date

Clinician question

HUNGER RETURN PLAN

Respond before the pattern runs you

Hunger is data. Write the order of operations now.

1. Check protein, meal timing, fluids, sleep, stress, and activity.
2. Add a planned protein + produce snack or earlier meal if needed.
3. Increase satisfying food volume as tolerated.
4. Remove environmental friction: prepare the next anchor and move trigger foods out of immediate reach.
5. Contact the prescriber if the change is concerning or raises a treatment question.

My high-risk time

Planned snack/meal

Environment change

Contact trigger

MAINTENANCE READINESS

The system you can still see later

No score guarantees maintenance. This checklist reveals what still depends on medication doing all the work.

- ☐ I can name three default meals without looking them up.
- ☐ I have a protein plan for low appetite and higher hunger.
- ☐ I can shop with the 2-2-3-2-2 framework.
- ☐ I have a restaurant and convenience backup.
- ☐ I weigh/measure on a cadence that gives data without distress.
- ☐ I return after a rough meal without punishment.
- ☐ I know what changes require my clinician.
- ☐ I have discussed any planned medication transition with my prescriber.

Strongest system

System to build next

Next review date

CLINICIAN VISIT NOTES

Bring patterns, not vague worry

A useful log can make a short visit more productive.

**Medication + current
prescribed dose**

**When symptoms
began**

Symptoms + severity

Food/fluid impact

Bowel pattern

Weight trend

**Energy/function
change**

**Other
medicines/supplement
s**

Questions

1

2

3

REMINDER

Do not use this page to decide your own dose change. Use it to communicate clearly with the clinician who manages treatment.

YOUR 14-DAY COMMITMENT

Make the system concrete

Sign the behavior—not an outcome you cannot control.

For the next 14 days, I will practice a repeatable nutrition and adherence system. I will prioritize safety, fluids, protein, tolerated plant foods, and enough overall nutrition to support function. I will not chase perfection or change prescription treatment on my own. When a day goes off plan, I will return at the next meal.

Name

Start date

Day 14 date

**Person who can
support me**

My reason

PROJECT REBUILD

You do not need a new identity every Monday. You need a system that helps the same person make the next useful choice.