

PARTIAL MEAL REPLACEMENT PROGRAM GUIDE

This guide will help you get started on your journey to healthy changes physically, behaviorally, and emotionally.

Contact us:

Main Program Line: 858-616-5600

Medical Team: 858-616-5789

Your Instructor Name:

Phone number:

www.positivechoice.org

View program
materials and
links here



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YOUR INITIAL APPOINTMENTS

To ensure your safety, you will complete medical screenings and visits with our skilled team. Once you are cleared to begin the program, our Enrollment Consultants will work with you to get your initial body measurements and find the best classes and locations for your weekly visits.

Part One:

Labs, EKG, and SECA Body Composition

The screenings you have completed will be evaluated by our medical team then we will call you to schedule a Medical Clearance appointment. It takes 3-4 days for all your lab values to come in. If you don't hear back from us after one week, call our medical team at 858-616-5789.

Part Two:

Your next two appointments are scheduled one right after the other. If you are doing video appointments and are a Kaiser member, you will receive a message with instructions on how to connect with your appointments through KP.org. Non-members will receive this information through your personal email. If you are doing an in-person appointment, your appointment will be at the Positive Choice clinic in the Garfield Specialty Center, please check in on the 4th floor.

Medical Clearance Appointment

Meet with our medical team to go over your medical results and complete your medical clearance. Our medical team will work with you to select the right program for you and answer your questions.

Enrollment Consult

Our enrollment team will work with you to select the best class day and time and location for your weekly visits.

Cost:

Labs and EKG and Medical Clearance: (co-pays for KP Members; \$342 for non-members)

Enrollment Consult: \$325 (members & non-members); paid when you schedule your appointment



YOUR PROGRAM DETAILS

You will fill in this section during your Enrollment Consult, please be sure to have this with you during that appointment and have it available at your first class.

Your Weekly Sessions and Clinic Visits

Start Date:

Class Day:

Class Time:

Important: Week One log in 30 minutes early for your Getting Started Appointment

Instructor Name:

Clinic Location:

Once you start your weekly sessions, you will attend class at the same day, time, and with the same instructor and group participants. There are no make-up sessions or refunds available for missed classes. You start meal replacements on your second session.

On the same day as your class, you will also do a clinic visit where you will pay for your program, order and pick up your meal replacements, weigh in, and meet with our medical staff. Every other week, labs will be completed during your visit.

Partial Meal Replacement is an open enrollment program, so you will join an existing group session with other program participants who have been on meal replacements.

Because you are entering a group where others have already started their program, please arrive 30 minutes early to your first session. Your instructor will meet you before class to get you started on your program.

Cost: \$175 per week (reduced fee of \$100 for your first session)

Your Meal Replacement Program Details (check those that apply):

☐ Numetra 4 servings per day plus additional foods that you purchase and prepare

Extra Numetra: ☐ Optional ☐ Required

Number of extra servings:

SECA BODY COMPOSITION RESULTS

The SECA Body Composition Analyzer sends mild electro-magnetic waves through your body and measures how different cells in your body resist against the current. Muscle, fat, and water resist the current differently and this allows the SECA to accurately measure body composition including muscle mass, skeletal density, and water mass. A comprehensive SECA test can tell you how much muscle you have and where it is distributed throughout your body, the amount of pounds of fat in your body, an estimation of hydration and daily caloric needs, and measures cell health. If desired, ask your Enrollment Consultant about how you can receive a comprehensive SECA (additional fee applies).

In the test you received today we will be focusing on three measurements: Fat Mass (FM), Fat Free Mass (FFM) and Visceral Adipose Tissue (VAT).

Body mass index (BMI) is a calculation that can be an indicator of health. BMI (your weight in kilograms divided by the square of your height in meters) doesn't account for above or below normal muscle mass or bone density, nor does it indicate percentage of body fat. It is an indicator but not an exact measurement.

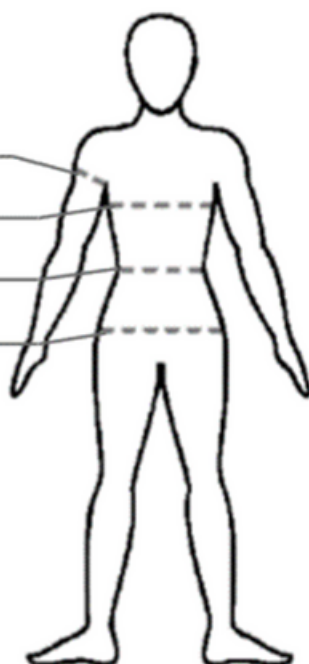
We encourage exercise, including strength training, throughout your time in the program. For best results, make a commitment to complete two strength workouts a week. You can find fitness videos on positivechoice.org/exercise-videos or scan this code.



	PRE	POST
UPPER ARM		
CHEST		
WAIST		
HIP		

Measure at the widest point, in inches:

1. Upper arm (armpit)
2. Chest (bust)
3. Waist (navel)
4. Hips (widest part or 7 to 9" below waist)



<input type="text"/>	<input type="text"/>
AGE	HEIGHT
<input type="text"/>	<input type="text"/>
WAIST TO HIP RATIO	GOAL WEIGHT RANGE

	PRE	POST
TOTAL BODY WEIGHT		
BODY MASS INDEX (BMI)		
SECA BODY FAT %		
SECA VISCERAL FAT		

YOUR RESULTS



Fat Mass (FM)

FM is the total number of pounds of fat that makes up your body weight.

Your FM is: _____ lbs. or _____ %

This value is:

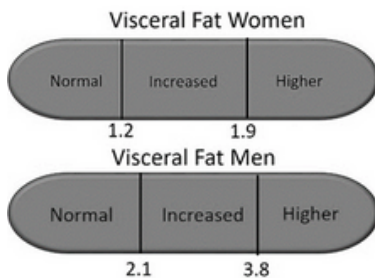
low	normal	increased	high
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FAT FREE MASS (FFM)

Your FFM is: _____ lbs. or _____ %

This value is:

low	normal
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Visceral Adipose Tissue (VAT)

Recommended < 2 lbs. for women or < 4 lbs. for men

Your VAT value is: _____ liters or _____ lbs.

This value is:

normal	increased	high
--------	-----------	------

Percentage Body Fat

Recommended percentages are as follows:

- 25-35% body fat for women
- 11-22% body fat for men

Your weight at _____ % Body fat = _____ lbs.

Your weight at _____ % Body fat = _____ lbs.

ABOUT THESE RESULTS



FAT MASS (FM)

Fat is metabolically active tissue which aids different metabolic pathways (including pathways that regulate weight and appetite), promotes the development of cells and provides your body with many vital functions. Subcutaneous Fat (the fat that is right below your skin) covers your muscles and acts as insulation helping your body maintain its internal temperature. It also is a reserve source of calories.

VISCERAL ADIPOSE TISSUE (VAT)

Visceral fat is the fat that is stored in and around your major organs. This type of fat provides protection and structure for your major organs. Although this fat is vital to your health, if you have a poor diet with too many nutritionally void calories (think refined and processed foods, sugars, etc.) this type of fat can accumulate in excess around the major organs and become a source of inflammation that can greatly increase risk for diabetes, cardiovascular disease, and cancer.

FAT FREE MASS (FFM)

During weight loss it is natural to lose some muscle mass as you lose body fat. If your FFM is below normal you will want to focus on strengthening your muscles as you lose weight to stimulate a healthy metabolic rate. Even if you have a good amount of muscle mass, you will want to work on minimizing muscle loss. Strengthening muscle mass will also greatly help you with balance and agility. Heavy weightlifting to build muscle mass is not allowed on a meal replacement program. Instead, we recommend working out with light weights, bands, or body resistance training.

Learn about our
additional
fitness services



PROGRAM RESOURCES

Your program materials will include:

- ☐ Partial Meal Replacement Program Guide
- ☐ Partial Meal Replacement Workbook
- ☐ Maximize Your Body Potential Book
- ☐ Reusable Bag
- ☐ Medical Instruction Letter

Online resources available at positivechoice.org:

- Workbook
- Tech Support
- Eating plans
- Clinic locations & hours

POSITIVE CHOICE INTEGRATIVE WELLNESS CENTER

thrive SAN DIEGO, CA

BOOKSHELF
Online Classroom Links
Registered Participants Only

Home Weight Loss Mind/Body Nutrition & Fitness Center 4 Healthy Living Calendar Contact

WE WANT TO HEAR YOUR STORY
Your story creates a legacy that inspires others to dream more, learn more, do more, become more.
I'm ready to inspire others

Mindfulness Weight Loss Fitness Healthy Eating

4 Busy Families Biofeedback Programas en Español Tech Support

ABOUT POSITIVE CHOICE INTEGRATIVE WELLNESS CENTER
The Positive Choice Integrative Wellness Center at Kaiser Permanente San Diego strives to not merely treat symptoms or illness, but to evaluate a person's entire lifestyle and then create a lifestyle plan for balance and overall wellness. We use traditional Western medicine therapies where needed and then incorporate proven alternative medicine therapies to enhance recovery from illness and maximize wellness.
We offer a variety of programs to help you achieve your ultimate well-being. Our services include medical weight management programs, nutrition counseling, fitness testing, personal training, exercise classes, free wellness seminars, biofeedback, mindfulness programs, plant-based healthy cooking classes, integrative physician appointments, and therapeutic massage. Except for the services listed under Health Education for KP Members all our programs are...

POSITIVE CHOICE NEWS AND ANNOUNCEMENTS
Wisdom Wednesdays
Try lots of different Exercises... Words of Wisdom from Lizzy Kemp, Exercise Physiologist
[Read more](#)
The Secret of Good Gut Health
Positive Choice PODCAST on Gut Health
[Read more](#)



Find your online materials here

ABOUT THIS PROGRAM

You are beginning our comprehensive weight loss program using meal replacements. You will be using meal replacements every day and participate in weekly class sessions and weekly medical visits until you reach your goal. Use this booklet as a reference guide for how to use meal replacements, for all your program information, and to answer frequently asked questions.



PROGRAM OVERVIEW

We take your long-term success seriously and have designed a program that not only assists in your weight loss efforts but focuses on supporting you with long-term behavior change and weight maintenance. There are several stages to the program:

Program Registration



- Lab work
- Medical assessment and clearance
- SECA Body Analysis
- Enrollment Consultation

Week One



- Attend 30 minute Getting Started appointment prior to class start
- Start the Week 1 Food Plan
- Complete Daily Behavior Records
- Get ready to start meal replacements

Partial Meal Replacement Program



- Weekly nutrition, mindfulness and exercise-focused sessions
- Weekly clinic visits
- Bi weekly lab draws
- Continue these until you reach your goal
- Then, gradually transition back to food following assisted eating plans (over 3-4 weeks)
- Weekly groups are online

Long term Support



- Repeat SECA Body Composition
- Attend Boosters
- Attend Support Programs; Solutions, Food Addiction, Mindful Living, Healthy Balance, Exercise Classes, Personal Training, Exercise/Nutrition Consultations

LONG-TERM SUPPORT



Booster Sessions and Support Group

Want to learn more about trending topics or dive into more detail on nutrition, fitness, and wellness education? Choose from our ongoing sessions offered online throughout the month or attend support group.

Cost: You pre-pay \$150 for your Booster (long term support) program. Payable upfront or as \$75 installments at sessions 3, 5. Because of its importance for your success, this is a mandatory fee for all participants.

Additional Programs

Once you have reached your goals, you will transition off of meal replacements during your weekly group sessions. Then you could transfer to:

- Mindful Living
- Solutions: Food Addiction
- Healthy Balance
- Exercise Classes
- Personal Training
- Exercise/Nutrition Consultations

You can find more information
and program costs at
positivechoice.org



MEDICAL INFORMATION

At your first medical check-in, you will receive a medical instruction letter with your specific program details and medication instructions. You can also view this in kp.org in the Letters section.

For medical questions:

- The medical team may be reached at: **858-616-5789**
- Contact the medical team anytime you experience symptoms that might be related to your meal replacement program or if there are any changes in your medical status.
- If your symptoms are not related to the meal replacement program, contact your personal doctor.
- If you have medical questions that need to be addressed privately, schedule an individual appointment with the medical team or contact them at the number above. If it is not urgent, you can speak with our medical team when you come for your Medical Check-in. Ask the service representative to schedule a walk-in appointment.

Lab Work

You are required to complete lab work every two weeks (or more if the medical team feels it is necessary) while you are on the meal replacement program. If you miss a third consecutive week of labs or miss your Week #3 lab appointment without making prior arrangements with the medical staff, you will be automatically withdrawn from the program and will incur a \$150 rebooking fee to be re-enrolled.

On the occasion you have a schedule conflict and cannot complete your Medical Check-in & Product Pick-up on your designated day, call the medical team.

Sometimes KP members feel it is more convenient to complete their lab work at another KP lab. If you are a member you can do so by making an appointment for the same day as your class and you must mention that your labs are for Positive Choice under a Venture Account. Keep in mind you will still need to visit a Positive Choice location for Medical Check-in & Product Pick-up.

If you are not a Kaiser member you must have lab work done at a Positive Choice Clinic during business hours. Locations are Garfield, San Marcos, Otay Mesa, or Bostonia. See website for current days/times PositiveChoice.org/clinic-hours-and-locations.

MEDICAL INFORMATION

Constipation and Urination

While on the meal replacement program, you may see changes in your bowels. You may pass less or more stools. Although rare, black, shiny, tar like stools should be reported to the medical staff.

It is very important to eat the prescribed foods on your meal plan. They contain needed fiber to help you avoid constipation and improve the balance of healthy bacteria in your gut.

If you do experience constipation, meaning you do not have a bowel movement every 3 days, use a laxative (Ex-Lax™, Milk of Magnesia™, Correctol™). Do not wait to use these options if you are constipated.

If you need a laxative more than twice a month talk with our medical team.

Because we ask you to drink 72-104 ounces of fluid a day, you may have to urinate more often. If you struggle with nighttime waking to go to the bathroom, we suggest:

- Finish your meal replacements 2.5 hours before bedtime or make your evening meal replacement with less water (pudding is a good option).
- Drink most of your fluid before 4 p.m.
- Do not consume less than 72 ounces of fluids per day, unless prescribed otherwise by your doctor.
- If you are struggling and these suggestions aren't working for you, talk with our medical team.

Nausea/Vomiting

Contact the medical staff at Positive Choice, your own medical provider, the Urgent Care clinic, or the Emergency Room. You may try the medications listed under Indigestion, but this is a symptom that should be further evaluated.

MEDICAL INFORMATION

Bad Breath and Dental Health

Losing weight means you are using your fat stores as energy. When stored fat is metabolized for energy it travels in your blood in the form of ketones. Sometimes you can breathe out ketones through your lungs. You have experienced this when you have had "morning breath."

While losing weight you can minimize "morning breath" by frequent and adequate water intake.

Other suggestions to minimize morning breath include:

- Frequent brushing of teeth, tongue, and gums.
- Consuming a glass of water after each meal replacement.
- Use mouthwash or breath spray.
- Have 1-4 pieces of sugar-free gum or 1 to 4 sugar-free breath mints daily.

Note: too many artificially sweetened products in a day can cause stomach upset, gas, and diarrhea.

Colds and Sore Throats

Treat symptoms with pain medications listed in under "Headaches and Pain", over-the-counter cold preparations, antihistamines, or decongestants, as your medical history allows.

Saltwater gargles and sugar-free cough drops are often helpful.

Avoid syrups (e.g., Nyquil™) as they often have significant amounts of alcohol and sugar.

Dizziness & Fatigue

The first weeks on meal replacements often cause the release of stored water from your body. You will maintain a mild state of dehydration as you lose weight. This can cause occasional dizziness, a lightheaded feeling, or fatigue because of salt and fluid loss.

To minimize the dehydration, get 72-104 ounces of fluid daily.

If lightheaded avoid whirlpools, saunas, steam baths, hot yoga, prolonged baths or showers. Also avoid certain activities that could be dangerous; swimming alone, piloting a plane (flying in a plane is fine), motorcycle or bicycle riding, regular or scuba diving, and hang-gliding.

Severe symptoms (if you fall or faint) require medical evaluation. Kaiser Permanente members should seek immediate medical attention from their medical provider, the Urgent Care clinic, or the Emergency Room by calling 1(800) 290-5000, 24-hours a day, seven days a week.

Non-members should contact their medical provider or an Emergency Room.

Dry Skin

The Partial Meal Replacement program may cause some people to experience dry skin.

We suggest:

- Avoid prolonged showers or baths.
- Apply lotion to affected areas once or twice a day; doing this while still damp from your shower or bath is best.
- Use perfume and dye free laundry detergent and fabric softeners,
- Use mild body soaps
- Keep a humidifier running in your home and/or bedroom.

MEDICAL INFORMATION

Indigestion/Heartburn

Try liquid antacids including Maalox™, Mylanta™, other brand names, or generic versions: two tablespoons up to four times a day.

You may also add over-the-counter products such as Tagamet™, Axiid™, or Pepcid AC™, taken according to the instructions on the package.

Hair Loss

Some people (about 10%) experience temporary, mild to moderate hair loss as their body adjusts to the new, lower calorie intake and burning stored fat as a main fuel.

This phenomenon is called telogen effluvium and usually peaks around the third month after beginning meal replacements. If you experience hair loss during your weight loss phase, ask the medical team about adding another meal replacement to your daily routine. The added protein may stop the hair loss.

The prescribed healthy, well rounded meal plan after the Partial Meal Replacement program and beyond, will help ensure regrowth of an any hair lost during the weight loss phase.

Headaches and Pain

You may use aspirin or non-steroidal anti-inflammatories (Ibuprofen, Motrin™, Naprosyn™, Advil™, Nuprin™, etc.), or acetaminophen (Tylenol™),

If you are prescribed pain killers, headache, and migraine medicine, use as directed.

Hunger

Most people will feel some hunger and fatigue the first several days on meal replacements. Some will feel mild fatigue and hunger for a week or two.

Speak with our medical team if hunger or fatigue continue. Tips for minimizing hunger:

- Consume prescribed food and all 4 of your meal replacements every day. If you miss one, double the next one.
- Space them out evenly. Have your first meal replacement within 1-2 hours upon waking and then every 3-4 hours. Do not go longer than 4 hours without eating unless you are sleeping.
- Skipping meal replacements will slow weight loss and risk causing your body to metabolize muscle mass for fuel (which can damage your heart muscle and jeopardize your health).
- Eating foods that are not a part of your program can make you feel hungrier.
- Too many artificial sweeteners, flavorings or caffeine can make you feel hungrier.

If you are following these recommendations and continue to feel hungry, please speak with your counselor or the medical team.

MEDICAL INFORMATION

Exercise

Be prepared to exercise in class. Physical activity will help increase energy level, improve sleep, and maintain muscle mass while you lose weight. Therefore, it is part of every class session. Mild to moderate aerobic exercise and muscle strengthening with light weights outside of class are encouraged and recommended. Helpful tips include:

- Go easy your first week and then gradually increase the intensity and/or duration of your exercise routine for the first several days on meal replacements if you feel light-headed or tired.
- Warm-up and cool-down periods that include stretching help avoid muscle cramping.
- A meal replacement taken 30 minutes prior to exercise helps avoid fatigue.
- If you are doing moderate to high amounts of exercise you may take an extra meal replacement.
- Try the online exercise videos at PositiveChoice.org/exercise-videos or for an even greater selection of workouts visit the Positive Choice Integrative Wellness Center YOUTUBE channel. There are videos on cardio, yoga, simple yoga, strength training you can do at home, exercise for seniors, etc. Videos are 5 minutes, 10-15 minutes, or up to 45 minutes. There is something there for every fitness level.
- If you want to increase your exercise level but feel tired or light-headed, please talk with our medical staff so we can adjust your program.

Weight Changes

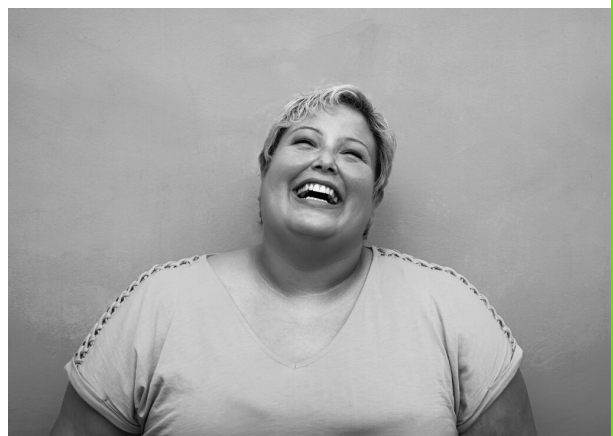
You may experience a larger than normal weight loss the first week on meal replacements. Some of this weight is water loss (diuresis). This will normalize within the first month and you will notice patterns in your weight loss.

Weight loss varies day to day and depending on hydration it can vary by the hour. Choose one day/time of the week to weigh yourself or just weigh-in at clinic visits. Avoid weighing often.

Skipping meal replacements, significant changes to your exercise, consuming less than recommended fluids, or eating foods that are not part of the program may slow or stop weight loss.

Sugar-free drinks and sweeteners

You may use artificial sweeteners, but keep in mind that artificial sweeteners may cause sweet cravings, stimulate appetite, and possibly disrupt the balance of healthy bacteria in your gut making weight maintenance more difficult. If you choose to use artificial sweeteners, use as little as possible.



Visit our
YouTube
Channel



PREPARING MEAL REPLACEMENTS

Shakes

You will mix powdered meal replacements with water, coffee, or carbonated drinks (like sparkling water or diet soda). You can mix with any amount of water you prefer, generally 8-20 ounces. You can mix with cold water, blend with ice, or make a hot drink. To make warm drinks, slowly add warm water to the powder and create a paste, slowly adding more water while stirring carefully. Shakes can be made up to a day in advance if kept cold. You can add sodium free and calorie free spices (like cinnamon, pumpkin pie spice, peppermint extract).

Shakes can be prepared as pudding. Mix with 6 ounces of water and store in the fridge until cold. You can also put it in the freezer for a bit.

Tip: Purchase a milk frother to use to blend your shakes and make them creamy. Blender bottles are also great options for mixing shakes. Rinse and wash after use since protein drinks can quickly start to smell!

Soups

Add your powder to a bowl or mug and slowly add hot water to make a paste. Then gradually add more water, slowly stirring. Let it sit for a few minutes for best results. You can add sodium free and calorie free seasonings (like herbs, spices, lime, and a little hot sauce). You can slowly reheat soups.

Meal Replacement Products

Numetra

640 calories daily

Shakes: Chocolate, Strawberry, Mocha, Vanilla

Soups: Creamy Chicken and Tortilla

Bars: Caramel Cocoa, Cinnamon, Fudge Graham



Requirements: 3-4 shakes, 0-1 soup or bar

Excess soup or bars can lead to sodium imbalance.

Lactose or gluten intolerant? Contact our medical staff to review your specific needs.

Eat every 3-4 hours.

A regular and consistent schedule will maximize results and minimize hunger, cravings, and low energy. Avoid drinking too much before bed to reduce trips to the bathroom at night.

Tip: Set timers on your phone so you stay on schedule. Try setting everything you need for the day out on the counter or in your bag.

PREPARING FOR YOUR WEEKLY VISITS

Each week you will come to the clinic for medical checks, to order meal replacements, and to pay your program fee. Each week you also have online group classes.

Preparing for your first meal replacement order

Each week you will select 4 boxes of meal replacements, as a combination of your choice, including shakes, soups, and/or bars. You must have a minimum of 3 shakes every day and the other meal replacement can be a shake, soup, or bar.

Numetra flavors (640 calorie; 160 calories per packet or bar):

Shakes: Vanilla, Chocolate, Mocha, Strawberry

Soup: Tortilla, Creamy Chicken

Bars: Caramel Cocoa, Fudge Graham, Cinnamon

Soup and Bouillon:

You may have a max of 2 packets per day of these "salty" items due to strict sodium guidelines. This means you can have 1 soup (then no bouillon), or no soups (option for 2 bouillons). Check your program prescription to see if soup is required on your program. You must purchase bouillon with your weekly order (\$7) if you want to use it.

Tip:

Purchase an extra box of meal replacements your first week on the program to use if you are hungry, if you spill one, to keep at the office or in your purse. Your medical information card will have alternatives if you find yourself without a meal replacement.

Fiber:

You will receive fiber through your food. You have an option to purchase NutriSource fiber with your orders (\$13), if your medical provider recommends it.

Placing Your Order and Completing Your Medical Check-In

When you arrive at the clinic, you will check in with our service representatives, place your preferred weekly meal replacement order, and pay your weekly payment. You will weigh in and print your result, and then meet with our medical assistants for your medical check in.

CLINIC LOCATIONS

GARFIELD: 5893 Copley Drive| San Diego, CA 92111

Monday through Thursday 7:30 am – 4:30 pm (closed noon to 1 pm) No Friday Check-in or product pick up. Lab open until noon.

- Enter building and go to the 4th floor Positive Choice reception area to make payment.
- Go to 6th floor, weigh in on scales. To find scales, head towards the windows once you are off the elevators and make a right. Scales are halfway down the hall on your right. Just step on and wait. The scales will balance and then print out your weight on a slip of paper.
- Head back to waiting area, ring the doorbell, and have a seat. One of the medical team will come and get you to complete your medical check-in.
- To get to the Product room, go past the scales make your first right turn, look for sign (about midway down hall) and ring doorbell to alert staff you need product.
- Check you received the correct product and correct number of boxes, bouillon, fiber etc.

BOSTONIA First Floor 1630 E Main St, El Cajon, CA 92021

Thursday 9:00 am – 4:30 pm (closed 12:30 to 1:30 pm)

- Check in at Positive Choice Reception desk on first floor. Walk past the elevators on the left and look for small office that will be on your left across from the bathrooms (vending machine room.)
- When lab work is required, please go to the Bostonia Laboratory (non-KP members must take your receipt of payment with you) and complete lab work.
- Ask the Service Representative where to go for medical check-in/product pick-up (location may vary.)
- Check you received the correct product and number of boxes.

OTAY MESA Building 4, First Floor 4650 Palm Ave, San Diego, CA 92154

Wednesday 9:00 am – 4:30 pm (closed 12:30–1:30 pm)

- Check in at Positive Choice Reception desk on first floor. Make payment.
- Service Representative will direct you around corner to the scales for weigh-in.
- Right next to the scales is the lab station to complete lab work (when labs are required).
- Lab assistant will direct you to product room for product pick-up.
- Check you received the correct product and number of boxes.

SAN MARCOS: 400 Craven Rd, San Marcos, CA 92078

Monday and Tuesday 7:30 am – 4:30 pm (closed 12:30 – 1:30 pm)

- Enter building and go to the Positive Choice reception area (northwest corner of facility) on the first floor. Make payment.
- When lab work is required, go to the 2nd floor to the San Marcos Laboratory. (Non-KP members must take your receipt of payment with you.) Complete lab work.
- Go to Conference Room D (Conf. D also has a # on door which is 4378) on the 2nd floor (tucked back through the double doors near the bathrooms), weigh in and complete your medical check-in.
- Pick up your product at the product room right next to Conference Room D.
- Check you received the correct product and number of boxes.

PROGRAM FEES AND REQUIREMENTS

Program Fees

Partial Meal Replacement Program

	KP Members	Non-members
Pre-program Medical Fees	<ul style="list-style-type: none"> • Lab work (co-pay) • EKG Visit (co-pay) • Medical Clearance Visit (co-pay) 	<ul style="list-style-type: none"> • Lab work • EKG Visit • Medical Clearance Visit
Pre-program Enrollment Fees	\$325	
Program Fees Includes Meal Replacements, Classes, Medical Supervision, Labs	\$100- Week One \$175- Weeks Two – End of PMR program	
Long Term Support	Lifelong Booster Program \$150 (\$75 due weeks 3 and 5)	

Program Expectations

This is a medically supervised, low-calorie diet program. In order to participate, you must attend class sessions and clinic visits weekly. If you are unable to attend or need any exceptions to this expectation, you must contact us. For missed medical appointments, contact the medical team, for missed classes, contact your instructor, and for missed payments contact our main program line. Inability to attend appointments or make on-time payments will result in removal from the program.

If you miss class sessions or appointments, you are still responsible for your full weekly program fees. Labs are required every 2 weeks to stay in the program. All in country travel must be cleared by the medical team.

Weekly classes start on time, to avoid disruptions, please log in 5 minutes before class starts. **Please arrive 30 minutes early to your week 1 class. Your instructor will orient you to your meal plan and the program.**

Receipts and Health Care Spending and Tax Deductions

You must save your weekly receipts if you need them for future tax or reimbursement purposes. We cannot re-print receipts. Tax deductions and reimbursement of weight loss program expenses through an employer's healthcare savings account may be possible, including:

- Medical Clearance appointments and Enrollment Consultation
- Program fees (it is possible that meal replacements will not be reimbursed, please check your employer's healthcare savings account manager).
- Booster Program fee

LETTER OF MEDICAL NECESSITY - Positive Choice can provide this letter for you if required. Please request this from our reception staff no earlier than session #2 and please allow for a 2 week turn around. The letter will be mailed USPS to your home address on file.

MEDICAL PROGRAM AGREEMENT

Medical Agreements for Program Participation

As a medically supervised weight management program participant using meal replacements:

- I understand that while every effort will be made to accommodate my preferred program and/or meal replacement choice, the Positive Choice medical staff will make the final decision based upon review of my medical history.
- I agree to follow the Medical Instruction Letter I receive from the Positive Choice medical team.
- I agree to complete weekly medical check-ins at my assigned clinic location and on the same day as my scheduled class.
- I agree to complete lab work every other week or as ordered by the Positive Choice medical staff.
- I understand if I miss session #3 lab work or two consecutive lab appointments, I need to call the medical team at 858-616-5789 within 48 hours of the missed lab appointment or I will be withdrawn from the program.
- I agree to notify the Positive Choice medical team of changes in medical status, medications, and any medical or surgical procedures.
- I am aware that if I am placed on a Medical Leave of Absence (MLOA) from the program, I will need medical clearance if I choose to return.
- I understand that I may not remain on meal replacements if I need to travel outside of the U.S. – No Exceptions! If I must travel outside of the U.S. I will contact my counselor for instructions on how to completely transition off the meal replacements.
- I understand that I will be encouraged to increase my physical activity.
- I agree to abstain from alcohol and non-prescription drugs while on meal replacements. Use of these substances can result in automatic withdrawal from the program (Note: Please notify Positive Choice medical team if you are using medicinal cannabis).
- I am aware that common conditions associated with this program, although temporary in nature, are sensitivity to cold, dry skin, lightheadedness, hair loss, fatigue, increased urination, constipation, and muscle cramps. Although infrequent, there is a risk for gout and gallbladder attacks. Whether I am on a weight loss program or not, obesity increases my risk for morbidity and mortality.
- I am aware that significant psychological, emotional, and social problems sometimes surface in response to major weight loss. I agree to consider additional support options which may be beneficial as I deal with my weight and overeating issues. Although we will discuss many personal and emotional life issues, this is not group therapy. If you are interested in psychiatry services, please call 833-With-You to schedule an intake.

PROGRAM GROUP AGREEMENT

Group Agreements for Program Participation

- As a group member: I agree to participate!
- It is always up to me how much and what I share about myself. I will be a considerate contributor and sensitive to the needs of others in my group.
- I will respect the group's confidentiality. If I am in an online group, I understand I must be in a room or area by myself to ensure group member voices are not heard and/or faces are not seen by non-group members.
- If I am in an online group, I understand that camera and microphones should be available and used.
- I agree to mute myself, so I do not distract others with background sounds if I am in a virtual group. If I am in an in-person group, I will not use my phone or tablet while in group.
- I agree to communicate with my counselor any needs or concerns I have about my group. My input and feedback are important.
- I agree to leave my counselor a message if I will be absent, or if I decide to withdraw from the program.
- I understand that missed classes cannot be made up as all groups are closed and confidential. I agree to notify a Positive Choice service representative of any telephone, email, or address changes.
- If I am in the online meal replacement program, I agree to attend all sessions. If I miss a session for any reason, I will contact my counselor. If I miss three consecutive sessions, I will be withdrawn and need to be re-enrolled into a new group. Re-enrollment requires a \$150 fee.

FINANCIAL PROGRAM AGREEMENT

Financial Agreements for Program Participation

As a medical weight management program participant:

- I understand this program is not covered by my Kaiser Permanente Health Plan and I agree to pay all program fees.
- I understand I am financially responsible to pay all weekly fees. If I miss my scheduled weekly payment and meal replacement pick-up, I can go to a Positive Choice location during business hours. NOTE: Fees are still required for missed weekly classes and meal replacements.
- I agree to check that the meal replacements I ordered are what I received. The meal replacements are prescriptions. Once the meal replacements leave the clinic, they cannot be returned or exchanged.
- I agree to pay my \$150 Booster Program fee in four (2) \$75 payments at sessions #3 and #5 of the weight loss-phase. This non-refundable fee must be paid by in full by session #5.
- I agree to take responsibility to initiate contact so I can avoid being withdrawn from the program and/or incurring added fees. Contact as directed below:
 - If I miss two consecutive sessions, I will contact my counselor.
 - If I miss two consecutive weeks of payment, I will call 858-616-5600 to make my payment over the phone.
 - If I miss session #3 lab work or two consecutive lab appointments, I will call the medical team at 858-616-5789 within 48 hours of the missed lab appointment.
- I may withdraw from this program anytime or I may be withdrawn from the program for non-compliance with program policies.
- I understand in withdrawing, I will not be refunded any pre-paid fees.
- I understand that I can re-enroll in a program at any time.
- I understand that my medical clearance is valid for 12 months. If I choose to re-enroll after 12 months, I will need to complete all pre-program assessment appointments and pay associated fees:
 - \$150 fee if medical clearance was completed within 12 months.
 - Full program start-up fees if medical clearance has expired (greater than 12 months).
- Fees are subject to change.

GETTING STARTED CHECKLIST

There are a few things you will need to have available before you start taking your meal replacements and your first weekly session.

- ☐ Review your medical instruction letter (available on kp.org)
- ☐ Prepare your first meal replacement order combination preference
- ☐ Purchase a blender bottle, blender, frother, or whisk
- ☐ Make sure you have a water bottle with measurements listed
- ☐ Complete 7 days of Daily Behavior Records
- ☐ Acquire proper clothing for workouts during class sessions
- ☐ If you are prescribed the pea protein (plant-based) meal replacements, print your supplemental meal plan prior to class. You can find it on the Bookshelf.

At your week two clinic check in at Garfield, you'll receive your program materials.

- ☐ Bring your reusable bag for product pick up



Find your online materials here



DAILY BEHAVIOR RECORDS

Keeping a record of your behaviors will help you learn the best time to have your meal replacements, prepare you for possible challenges in the program, and guide you when you return to eating food.

Here are a few tips:

- Be specific— include details about thoughts, feelings, people, things, or events.
- Be prompt— record eating behavior immediately after eating or, better yet, just before eating.
- Be honest— this exercise is only for your benefit and no one will see it.
- Be complete— record all information. Though there may not be many emotions associated with meals, the thoughts and feelings that occur before, during, or after unplanned or impulsive snacking are often part of a pattern contributing to eating challenges. There are no right or wrong answers—only information.

Watch out for the resistance traps...

You may find it difficult to develop the habit of regular record keeping. It takes time, but the information gathered will be worth it. Recording on challenging days is especially important because that is when you can begin to discover the patterns that contribute to weight gain.

Sometimes people are reluctant to write everything down because they fear judgement. Everyone in your group is going through the same struggles and your counselor knows how tough it is to not use food as a coping mechanism. Making the effort to record eating in response to stressors in your life provides a great opportunity for you and your group to work through and develop new skills to respond to stress in healthier ways.

Reflection:

As you record what you eat, how much, when, where, what is happening around you, and how you are feeling, take time to consider habits that you may want to focus on during your time in the program. Your counselor may ask you to bring your DBRs to group. We will not collect these sheets, these are for your personal use during the program. Many people find this information helpful when transitioning back to food.

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

Daily Behavior Record

Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

YOUR PROGRAM OVERVIEW

Each phase of your program includes recommendations for which foods you should eat, how many meal replacements to take, and your daily fluid, calorie, and vitamin and mineral recommendations. You can choose between a vegetarian program or a non-vegetarian program. Weekly meal plans and trackers are provided in this booklet.

Vegetarian Program Overview

Food Group	Week 1 Full Food	Weeks 2- 14	PHASE 1 Week 15	PHASE 2 Week 16	PHASE 3 Week 17	Full Food
Meal Replacements (MR)	0	4	3	2	1	0
Vegetarian Proteins	4	2	3	4	4	4
Vegetables	4+	1-2+	3+	4+	4+	4+
Leafy Green Salad	2 c. leafy greens + ½ c raw veggies (non-starchy)					
Grains, Starchy Veg.	2	1	1	1	2	2
Fruits	2-3	1	2	2	2	2-3
Healthy Fats	6	1	2	4	4	6
Dairy Alternative	1-2	0	0	1	1-2	1-2
Vitamin/Mineral	Recommended		Recommended	Recommended	Recommended	Recommended
Calories	1205-1355	1120	1155	1250	1100-1190	1205-1355

Drink 72-104 total oz of fluid a day counting the fluid you use in your MR

Non-Vegetarian Program Overview

Meal Replacement & Food Group	Week 1 Full Food	Weeks 2- 14	Phase 1 Weeks 15	Phase 2 Weeks 16	Phase 3 Weeks 17	Full Food
Meal Replacement (MR)	0	4	3	2	1	0
Non-Vegetarian Proteins	12 oz	4 oz	8 oz	10 oz	12 oz	12 oz
Vegetables	4+	1-2+	4+	4+	4+	4+
Leafy Green Salad	2 c. leafy greens + ½ c raw veggies (non-starchy)					
Grains/Beans/ Starchy Vegetables	2-3	1	1	2	2	2-3
Fruits	2-3	1	2	2	2	2-3
Healthy Fats	4	1	2	3	4	4
Milk/Soy milk/Yogurt	1-2	0	0	0	1	1-2
Vitamin/Mineral	Recommended			Recommended	Recommended	Recommended
Calories	1230-1460	1105	1230	1285	1250	1230-1460

Drink 72-104 total oz of fluid a day counting the fluid you use in your MR




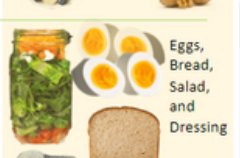

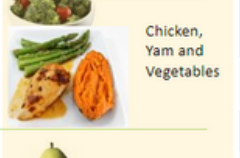


STARTING YOUR PROGRAM

Before you start using meal replacements, we recommend that you prepare using this weekly eating plan. It will provide a strong start toward your goals.

Instructions:

- Use the guide below for how many servings of each food group you should have each day
- You have options for a vegetarian eating plan or a non-vegetarian eating plan (includes meat)
- The following pages include options for foods within each food group
- For best results, we do not recommend eating foods that are not on the list
- The following is a sample schedule for evenly spacing your meals throughout the day. This reduces hunger and supports healthy energy levels.

Meal Plan Sample Schedule Week One: Before Starting Meal Replacements

Vegetarian				Non-Vegetarian		
Product/Food	Servings			Product/Food	Servings	
Meal Replacements	0		7:30 am		Meal Replacements	0
Vegetarian Proteins	4				Non-Vegetarian Proteins	12 oz.
Vegetables	4+		11:30 am		Vegetables	4+
Leafy Green Salad	2 cups lettuce + 1/2 c raw veggie + 20 cal. Dressing				Leafy Green Salad	2 cups lettuce + ½ c raw veggies + 20 cal dressing
Grains, Beans, Starchy Vegetables	2		4:30 pm		Grains, Beans Starchy Vegetables	2-3
Fruits	2-3				Fruits	2-3
Healthy Fats	6		7:30 pm		Healthy Fats	4
Milk Alternative	1-2				Milk/Milk Alternative	1-2
Vitamin/Mineral	recommended				Vitamin/Mineral	recommended
Calories	1205-1355				Calories	1230-1460

FOOD OPTIONS

Vegetarian Proteins

1 serving = 85 calories

Foods are listed from lowest to highest in complex carbohydrates

- Tofu, 1/2 cup
- Seitan, 1/4 cup
- Tempeh, 1/4 cup
- Seeds, 1.5 Tbsp. (chia seeds, flax seeds, pumpkin seeds, sesame seeds, sunflower seeds)
- Soybeans, 1/3 cup
- Nutritional Yeast, 3 Tbsp.
- Lentils, 1/3 cup
- Quinoa, 1/3 cup
- Beans, 1/3 cup (black beans, garbanzo beans, kidney beans, lima beans, navy beans, pinto beans)
- Split Peas, 1/3 cup



A clenched fist is about the size of 1 cup

Non-Vegetarian Proteins

1 oz = 1 serving = 45 calories (unless otherwise noted)

- Beef (sirloin, flank, round; trimmed), 1 oz
- Chicken breast, skinless 1 oz
- Cottage cheese, 1/4 c = 1 oz
- Egg, 1 = 1 oz
- Egg whites, 3 = 1 oz
- Fish, wild (all types), 1 oz
- Pork loin, 1 oz
- Turkey breast, skinless, 1 oz



The palm of an average size hand is about 3 ounces (size of a deck of cards)

FOOD OPTIONS

Vegetables

**1 serving, ½ cup lightly cooked or
1 cup raw = 25 calories**

- Artichoke
- Asparagus
- Beans (wax, green)
- Beets
- Bell Pepper, all colors
- Broccoli
- Brussels Sprouts
- Carrot
- Cauliflower
- Celery
- Cucumber
- Eggplant
- Mushrooms
- Onions
- Spinach
- Summer Squash (zucchini, yellow)
- Tomatoes
- Turnips

Green Leafy Salad

**2 cups greens plus 1/2 cup of raw
veggies = 100 calories**

- Arugula
- Beet greens
- Bibb
- Bok choy
- Boston leaf
- Butter head
- Cabbage
- Collard greens
- Kale
- Loose leaf
- Mixed spring greens
- Mixed power greens
- Romaine
- Spinach
- Watercress
- Iceberg lettuce is a vegetable, not a leafy green

Salad dressing: use ½ Tbsp. omega-rich oil: avocado, cod liver, flaxseed, hempseed, olive and/or walnut oil mixed with ½ Tbsp. apple cider vinegar, lemon juice, lime juice, balsamic vinegar, unseasoned rice vinegar, or mustard. One serving is approximately 25 calories. If you use a commercial salad dressing, choose one with minimal ingredients.

Fruits (4-6 oz.)

1 serving = 60 calories

- Apple, 1 small (tennis ball size)
- Apricots, 3
- Banana, 1 small (4-6 in)
- Berries, 1 c.
- Grapefruit, ½
- Grapes, 15
- Kiwi, 3
- Melon, 1 c., (watermelon, cantaloupe, etc.)
- Orange, 1 medium
- Nectarine, 1 medium
- Peach, 1 medium
- Pear, 1 medium
- Pineapple, 1 c.
- Plums, 2

FOOD OPTIONS

Grains/Beans/Starchy Vegetables

1 serving = 80 calories

- Barley, ½ c. cooked
- Beans, ½ c. cooked
- Cereal (Fiber >5 g. per serving), ½ c.
- Corn, ½ c. cooked
- **Couscous, cooked, ½
- Lentils, ½ c. cooked
- **Oats, cooked, ½ c.
- **Pasta, ½ c. cooked
- **Pita, ½ of 6-inch round
- Polenta, ½ c. cooked
- Potato, ½ c. cooked
- Quinoa, ½ c. cooked
- **Rice, brown ½ c. cooked
- **Rye bread, 1 slice
- Split Peas, ½ c. cooked
- Squash, winter (acorn, butternut), ½ c. cooked
- **Tortillas, 1, 6-inch round
- **Whole wheat bread, 1 slice
- Yam, ½ c. cooked

** Choose whole wheat or whole grain. Strive to get around 80 calories and 5 g fiber per serving.



The front of your closed fist is approximately 1/2 cup

Healthy Fats

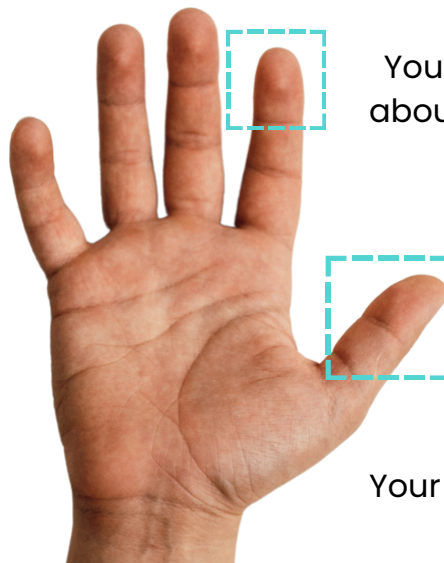
1 Serving = 45 calories

- Avocado, ⅛ whole
- Nut butters, 1/2 tsp.
- Nuts, ½ oz. (almonds, brazil nuts, cashews, hazelnuts, macadamia nuts, peanuts, pecans, pine nuts, pistachios, walnuts)
- Oil, 1 tsp., (avocado oil, olive oil)
- Olives, 8 to 10 small
- Seeds, 1.5 Tbsp. (chia seeds, flax seeds, pumpkin seeds, sesame seeds, sunflower seeds)

Milk and Milk Alternatives

1 serving = 90 calories

- Hemp Milk, 1 c.
- Nut Milks (almond milk, cashew milk, walnut milk), 1 c.
- Milk, 1 c.
- Oat Milk, 1 c.
- Soymilk, 1 c.
- Yogurt/ Plant-based Yogurt, 6 oz. (oat milk, nut milk, flax milk) (less than 120 calories and less than 10 g. sugar per serving)

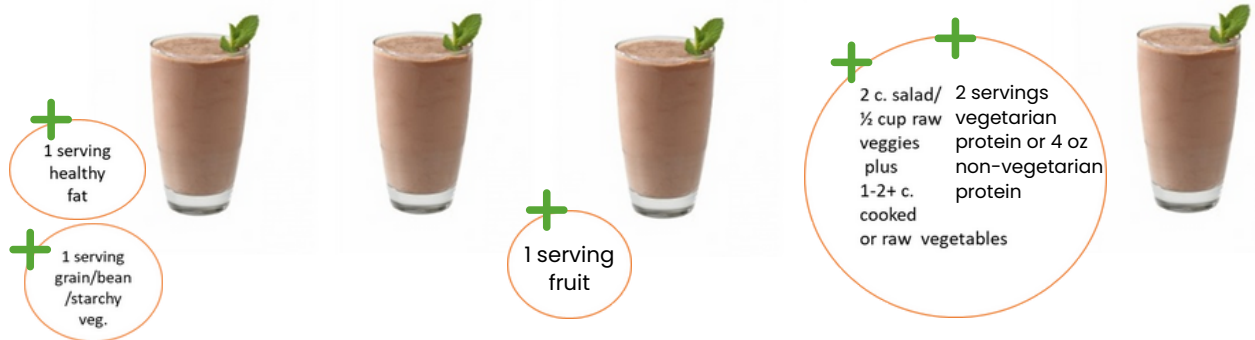


Your fingertip is about 1 teaspoon

Your thumb is about 2 tablespoons

PARTIAL MEAL REPLACEMENT PLAN

Four meal replacements a day with healthy food.



Each day on the partial meal replacement plan, you should:

- Have 4 meal replacements (never skip these)
- Have a meal replacement or food every 3-4 hours
- Include all of the recommended healthy food servings
- Drink 72-104 ounces of calorie free drinks (this amount includes what is used in your meal replacements)
- Miss a meal replacement? Double your next serving.



Healthy foods are important.

They are:

- A great source of vitamins/minerals
- Anti-inflammatory
- And greens contain a substance called thylakoids which act as a natural appetite suppressant

Sample Eating Plan



VEGETARIAN DAILY MEAL GUIDE

Week 1 and Week 18 (before and after using meal replacements)

Space Meals and Snacks Every 4 Hours				
Meal Time Example	7:30 a.m.	11:30 a.m.	4:30 p.m.	7:30 p.m.
Weeks 1 and 18 1205-1355 Calories	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1-2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat

Weeks 2-16

Space Meals and Snacks Every 3 Hours					
Meal Time Example	7:30 a.m.	10:30 a.m.	1:30 p.m.	4:30 p.m.	7:30
Weeks 2-14 1120 Calories	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit 	<ul style="list-style-type: none"> 2 proteins 2.5 cups salad 1-2+cups vegetables 	MEAL REPLACEMENT
Week 15 (Phase 1) 1155 Calories	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Week 16 (Phase 2) 1250 Calories	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT

Week 17

Space Meals and Snacks Every 4 Hours				
Meal Time Example	7:30 a.m.	11:30 a.m.	3:30 p.m.	7:30 p.m.
Week 17 (Phase 3) 1100-1190 Calories	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit

NON-VEGETARIAN DAILY MEAL GUIDE

Week 1 and Week 18 (before and after using meal replacements)

Space Meals and Snacks Every 4 Hours				
Meal Time Example	7:30 a.m.	11:30 a.m.	4:30 p.m.	7:30 p.m.
Weeks 1 and 18 1230-1460 Calories	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat

Weeks 2-16

Space Meals and Snacks Every 3 Hours					
Meal Time Example	7:30 a.m.	10:30 a.m.	1:30 p.m.	4:30 p.m.	7:30
Weeks 2-14 1105 Calories	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1-2+cups vegetables 	MEAL REPLACEMENT
Week 15 Phase 1 1230 Calories	<ul style="list-style-type: none"> 2 ounce protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Week 16 (Phase 2) 1285 Calories	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT

Week 17

Space Meals and Snacks Every 4 Hours				
Meal Time Example	7:30 a.m.	11:30 a.m.	3:30 p.m.	7:30 p.m.
Weeks 17 (Phase 3) 1250 Calories	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit

Progressing Off Partial Meal Replacements Phase 1 (Typically, Weeks 14-15)

Vegetarian

Product/Food	Servings
Meal Replacements	3
Plant-Based Proteins	3
Vegetables	3+
Green Leafy Salad	2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal. dressing
Grains, Beans, Starchy Vegetables	1
Fruits	2
Healthy Fats	2
Milk Alternative	0
Vitamin/Mineral	recommended
Calories	1155

Quinoa, Fruit, & Nuts	7:30 am	Oatmeal, Cottage Cheese, Fruit, & Nuts
	10:30 am	
Beans, Salsa, Salad, and Dressing	1:30 pm	Eggs, Fruit, Salad, and Dressing
Vegetables and Fruit	4:30 pm	Chicken and Vegetables
	7:30 pm	

Non-Vegetarian

Servings	Product/Food
3	Meal Replacements
8 oz	Proteins: Lean
3+	Vegetables
2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal. dressing	Green Leafy Salad
1	Grains, Beans Starchy Vegetables
2	Fruits
2	Healthy Fats
0	Milk/Milk Alternative
recommended	Vitamin/Mineral
1230	Calories

Progressing Off PARTIAL Meal Replacements Phase 2 (Typically Weeks 15-16)

Vegetarian

Product/Food	Servings
Meal Replacements	2
Plant-Based Proteins	4
Vegetables	4+
Green Leafy Salad	2 c. lettuce + ½ c veggies (non-starchy) 20 cal. dressing
Grains, Beans, Starchy Vegetables	1
Fruits	2
Healthy Fats	4
Milk Alternative	1
Vitamin/Mineral	Recommended
Calories	1250

Milk Alternative, Quinoa, Fruit, & Nuts	7:30 am	Oatmeal, Cottage Cheese, Fruit, & Nuts
	10:30 am	
Beans, Salsa, Fruit, Salad, and Dressing	1:30 pm	Fish, Fruit, Avocado, Salad, and Dressing
Tempeh, Avocado and Vegetables	4:30 pm	Chicken, Yam, Asparagus and Vegetables
	7:30 pm	

Non-Vegetarian

Servings	Product/Food
2	Meal Replacements
10 oz	Proteins: Lean
4+	Vegetables
2 c. lettuce + ½ c veggies (non-starchy) 20 cal. dressing	Green Leafy Salad
2	Grains, Beans Starchy Vegetables
2	Fruits
3	Healthy Fats
0	Milk/Milk Alternative
Recommended	Vitamin/Mineral
1285	Calories

Progressing Off PARTIAL Meal Replacements Phase 3 (Typically Weeks 16-17)

Vegetarian

Product/Food	Servings
Meal Replacements	1
Plant-Based Proteins	4
Vegetables	4+
Green Leafy Salad	2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal dressing
Grains, Beans, Starchy Vegetables	2
Fruits	2
Healthy Fats	4
Milk Alternative	1
Vitamin/Mineral	recommended
Calories	1100-1190

Oat milk Quinoa, Fruit, and Nuts	7:30 am	Milk, Oatmeal, Cottage Cheese, Fruit, and Nuts
Beans, Rice, Salsa, Fruit, Avocado, Salad, and Dressing	11:30 pm	Tuna Sandwich, Fruit, Salad, and Dressing
Tempeh, Sesame Seeds, and Vegetables	4:30 pm	Chicken, Yam, Asparagus and Vegetables
	7:30 pm	

Non-Vegetarian

Servings	Product/Food
1	Meal Replacements
12 oz	Proteins: Lean
4+	Vegetables
2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal dressing	Green Leafy Salad
2	Grains, Beans Starchy Vegetables
2	Fruits
4	Healthy Fats
1	Milk or Alternative
recommended	Vitamin/Mineral
1250	Calories

PARTIAL Meal Replacement Full Food Plan (Typically Week 18)

Vegetarian

Product/Food	Servings
Meal Replacements	0
Plant-Based Proteins	4
Vegetables	4+
Green Leafy Salad	2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal. dressing
Grains, Beans, Starchy Vegetables	2
Fruits	2-3
Healthy Fats	6
Milk Alternative	1-2
Vitamin/Mineral	recommended
Calories	1205-1355

Oatmeal, Quinoa, Fruit, Nuts and Milk Alternative	7:30 am	Oatmeal, Cottage Cheese, Fruit, Nuts and Milk
Beans, Salsa, Avocado, Fruit, Salad, and Dressing	11:30 am	Eggs, Bread, Salad, and Dressing
Seitan, Vegetables and Seeds	4:30 pm	Chicken, Yam and Vegetables
Yogurt Alternative, Fruit, Nuts	7:30 pm	Yogurt, Fruit

Non-Vegetarian

Servings	Product/Food
0	Meal Replacements
12	Proteins: Lean
4+	Vegetables
2 c. lettuce + ½ c raw veggies (non-starchy) 20 cal. dressing	Green Leafy Salad
2-3	Grains, Beans Starchy Vegetables
2-3	Fruits
4	Healthy Fats
1-2	Milk/Milk Alternative
recommended	Vitamin/Mineral
1230-1460	Calories

TRANSITIONING OFF MEAL REPLACEMENTS

NUMETRA

Once you are ready to transition off of meal replacements, you will follow this 3-week plan. Although you may choose to extend this transition, we do not recommend that you shorten it. Following this plan reduces digestive upset, gradually improves your metabolic rate, minimizes hunger, and makes your transition easier.

Food Group	Phase 1	Phase 2	Phase 3	Ready for Maintenance
Meal Replacements	3	2	1	0
Non-Plant Protein	8 oz	10 oz	12 oz	12 oz
Plant Proteins	3	4	4	4
Vegetable	2	4	5	5+
Leafy Salad	2 c. leafy greens ½ c raw veggies (non-starchy) +1 Tbsp. dressing			
Bean/Grain/ Starchy Veggie	1	1-2	2	2-3
Fruit	2	2	2	2-3
Fat	2	3-4	4	4
Milk/Plant-Milk/Yogurt (Optional)	0	0	1	1-2
Fluids	120-150 ounces	64 ounces plus what is in your meal replacements		
Vitamin/Mineral		Recommended		
Calories	1155-1230	1250-1285	1190-1250	1230-1460

Nutrition Support

We offer an online nutrition support and information group weekly to help you through this transition process. Visit the Bookshelf under Transitioning Off Meal Replacements.

View Support Group
Information here



FOOD PLAN TRACKER

VEGETARIAN PLAN

Week 1 and Week 18 (before and after using meal replacements)

Space Meals and Snacks Every 4 Hours (1205–1355 calories per day)				
Meal Time				
Sunday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Monday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Tuesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Wednesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Thursday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Friday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat
Saturday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 1 protein 1–2 cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 1 milk alternative 1 healthy fat

FOOD PLAN TRACKER

VEGETARIAN PLAN

Weeks 2-14

Space Meals and Snacks Every 4 Hours (1120 calories per day)					
Meal Time					
Sunday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Monday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Tuesday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Wednesday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Thursday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Friday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Saturday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/ starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 2 proteins <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT

FOOD PLAN TRACKER

VEGETARIAN PLAN

Week 15

Space Meals and Snacks Every 4 Hours (1150 calories per day)					
Meal Time					
Sunday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Monday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Tuesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Wednesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Thursday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Friday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT
Saturday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1-2 cups vegetables 1 fruit 	MEAL REPLACEMENT

FOOD PLAN TRACKER

VEGETARIAN PLAN

Week 16: Phase 2

Space Meals and Snacks Every 4 Hours (1250 calories per day)					
Meal Time					
Sunday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Monday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Tuesday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Wednesday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Thursday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Friday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Saturday	<ul style="list-style-type: none"> 1 protein 1 fruit 1 grain/starchy vegetable 1 healthy fat 1 milk alternative 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 1 protein 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT

FOOD PLAN TRACKER

VEGETARIAN PLAN

Week 17: Phase 3

Space Meals and Snacks Every 4 Hours (1100–1190 calories per day)				
Meal Time				
Sunday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Monday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Tuesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Wednesday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Thursday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Friday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit
Saturday	<ul style="list-style-type: none"> 2 proteins 1 fruit 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 1 protein 1 grain/ starchy vegetable 2.5 cups salad 1 healthy fat 	<ul style="list-style-type: none"> 1 protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 1 fruit

FOOD PLAN TRACKER

NON-VEGETARIAN PLAN

Week 1 and Week 18 (before and after using meal replacements)

Space Meals and Snacks Every 4 Hours (1240–1460 calories per day)				
Meal Time				
Sunday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Monday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Tuesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Wednesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Thursday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Friday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat
Saturday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain 2 healthy fats 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	<ul style="list-style-type: none"> 2 oz protein 1 milk alternative 1 healthy fat

FOOD PLAN TRACKER

NON-VEGETARIAN PLAN

Weeks 2-14

Space Meals and Snacks Every 4 Hours (1105 calories per day)					
Meal Time					
Sunday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Monday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Tuesday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Wednesday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Thursday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Friday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT
Saturday	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 grain/starchy vegetable <input type="checkbox"/> 1 healthy fat	<input type="checkbox"/> MEAL REPLACEMENT	<input type="checkbox"/> MEAL REPLACEMENT <input type="checkbox"/> 1 fruit	<input type="checkbox"/> 4 oz protein <input type="checkbox"/> 2.5 cups salad <input type="checkbox"/> 1-2+ cups vegetables	<input type="checkbox"/> MEAL REPLACEMENT

WEEKLY FOOD PLAN TRACKER

FOOD PLAN TRACKER NON-VEGETARIAN PLAN

Week 15: Phase 1

Space Meals and Snacks Every 4 Hours (1230 calories per day)					
Meal Time					
Sunday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Monday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Tuesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Wednesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Thursday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Friday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT
Saturday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 3 oz protein 2.5 cups salad 1 healthy fat 1 fruit 	<ul style="list-style-type: none"> MEAL REPLACEMENT 3 oz protein 3+ cups vegetables 	MEAL REPLACEMENT

FOOD PLAN TRACKER NON-VEGETARIAN PLAN

Week 16: Phase 2

Space Meals and Snacks Every 4 Hours (1285 calories per day)					
Meal Time					
Sunday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Monday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Tuesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Wednesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Thursday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Friday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT
Saturday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 	MEAL REPLACEMENT	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 grain/ starchy vegetable 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 2 healthy fats 	MEAL REPLACEMENT

FOOD PLAN TRACKER

NON-VEGETARIAN PLAN

Week 17: Phase 3

Space Meals and Snacks Every 4 Hours (1250 calories per day)				
Meal Time				
Sunday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Monday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Tuesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Wednesday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Thursday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Friday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit
Saturday	<ul style="list-style-type: none"> 2 oz protein 1 fruit 1 grain/ starchy vegetable 1 healthy fat 1 milk/alternative 	<ul style="list-style-type: none"> 4 oz protein 2.5 cups salad 1 vegetable 1 grain/starchy vegetable 1 healthy fat 	<ul style="list-style-type: none"> 4 oz protein 4+ cups vegetables 1 grain/starchy vegetable 2 healthy fats 	<ul style="list-style-type: none"> MEAL REPLACEMENT 2 oz protein 1 fruit

WEEKLY FOOD PLAN TRACKER