BODYBUDDY

FREE PRINTABLE

7-Day GLP-1 Meal Plan

A flexible food list, grocery checklist, and swap guide for smaller-appetite days.

There is no single official GLP-1 diet.

Use this as a menu of ideas, not a calorie prescription. Choose foods you tolerate, keep portions comfortable, and follow any meal, fluid, protein, diabetes, or medication instructions from your care team.

1 START SMALL

Use smaller meals or split one meal into two sittings.

2 ADD PROTEIN

Include a tolerable protein source when you eat.

3 KEEP SIPPING

Keep fluids visible and follow any clinical fluid limit.

Important: This printable is general education. It does not diagnose symptoms or tell you how to start, stop, or change a medication. Contact your clinician for persistent side effects or trouble maintaining fluids.

Days 1-3

Portions are intentionally unspecified. Eat slowly, stop at comfortable fullness, and use the optional item as a snack or a second sitting.

DAY 1

Breakfast: Greek or soy yogurt with berries and oats
Lunch: Lentil-vegetable soup with whole-grain toast
Dinner: Salmon or tofu with quinoa and cooked zucchini
Optional: Cottage cheese or soy yogurt with soft fruit

MAKE IT EASIER: Use blended soup if chunky food is unappealing. Save half of dinner for later.

DAY 2

Breakfast: Eggs or tofu scrambled with spinach and toast
Lunch: Chicken or chickpea grain bowl with cucumber and tomato
Dinner: Turkey-bean chili or lentil chili
Optional: Banana with a little nut or seed butter, if tolerated

MAKE IT EASIER: Split lunch into two portions. Swap raw vegetables for cooked carrots or squash.

DAY 3

Breakfast: Oatmeal made with milk or fortified soy milk; yogurt on the side
Lunch: Tuna-white bean salad or mashed chickpea salad with toast
Dinner: Chicken or tempeh with sweet potato and green beans
Optional: Kefir or soy yogurt

MAKE IT EASIER: Mash the sweet potato and start with a smaller amount of protein.

Days 4-7

Portions are intentionally unspecified. Eat slowly, stop at comfortable fullness, and use the optional item as a snack or a second sitting.

DAY 4

Breakfast: Yogurt or fortified soy-milk smoothie with berries and oats
Lunch: Quinoa tabbouleh with chickpeas and light dressing
Dinner: Cod or tofu with rice and cooked carrots
Optional: An egg or a small serving of edamame

MAKE IT EASIER: Blend the smoothie thinner and sip slowly. Use less rich dressing if needed.

DAY 5

Breakfast: Cottage cheese or tofu ricotta with fruit and toast
Lunch: Turkey or tempeh wrap with cucumber and greens
Dinner: Whole-grain pasta with lean turkey or lentils, tomato, and spinach
Optional: Plain or lightly sweetened yogurt

MAKE IT EASIER: Serve pasta and sauce separately. Soup can replace a dry wrap.

DAY 6

Breakfast: Greek or soy yogurt with banana and oats
Lunch: Chicken or tofu vegetable soup with toast or crackers
Dinner: Shrimp or tofu rice bowl with cooked vegetables
Optional: Fruit with cheese or a fortified soy alternative

MAKE IT EASIER: Keep the rice bowl simple; skip heavy sauces and fried toppings if they feel uncomfortable.

DAY 7

Breakfast: Overnight oats with yogurt and berries
Lunch: Leftovers bowl: one protein, one grain, one cooked vegetable
Dinner: Sheet-pan salmon or tofu with potatoes and broccoli
Optional: Cottage cheese or soy yogurt

MAKE IT EASIER: Use cooked zucchini, carrots, or spinach if broccoli feels too bulky.

Swap the food, keep the job

Use this matrix when an ingredient is missing, your appetite changes, or you need a plant-based or softer option.

MEAL JOB	EVERYDAY OPTIONS	PLANT-BASED SWAPS	SOFTER / LOWER-VOLUME
Protein	Eggs, yogurt, cottage cheese, poultry, fish, shrimp	Tofu, tempeh, edamame, lentils, beans, soy yogurt	Yogurt, eggs, silken tofu, flaked fish, slowly sipped smoothie
Carbohydrate	Oats, rice, quinoa, potatoes, whole-grain bread or pasta	These choices are naturally plant-based	Rice, toast, oatmeal, mashed potato
Produce	Berries, leafy greens, broccoli, tomato, cucumber, carrots, squash	Any tolerated fruit or vegetable	Soft fruit, cooked zucchini or carrots, vegetable soup
Flavor and fat	Olive oil, avocado, nuts, seeds, tahini	The same choices are plant-based	Use smaller amounts if rich foods worsen nausea or reflux
Fluids	Water, milk, fortified soy milk, unsweetened beverages	Water and fortified plant beverages	Small frequent sips instead of a large drink with meals

No item is mandatory. Food allergies, culture, cost, access, diabetes care, kidney function, and other medical conditions belong in the plan. Your care team's instructions come first.

Buy components, not seven separate menus

Pick two or three proteins, two grains or starches, several fruits and vegetables, and a few helpers. You do not need every item.

PROTEIN FOODS

- Eggs
- Greek yogurt, cottage cheese, or soy alternatives
- Salmon, cod, tuna, or shrimp
- Chicken or turkey
- Tofu, tempeh, or edamame
- Lentils, chickpeas, or beans
- Milk or fortified soy milk
- Nut or seed butter

FRUITS + VEGETABLES

- Berries
- Bananas or other soft fruit
- Spinach or other leafy greens
- Carrots
- Zucchini or squash
- Green beans
- Broccoli
- Cucumber and tomato
- Sweet or white potatoes
- Frozen vegetables

GRAINS + STARCHES

- Oats
- Rice
- Quinoa
- Whole-grain bread or wraps
- Whole-grain crackers
- Whole-grain pasta

PANTRY + FREEZER HELPERS

- Low-sodium broth
- Canned beans or lentils
- Canned tuna or salmon
- Tomato sauce
- Olive oil or tahini
- Nuts, seeds, herbs, and seasonings
- Frozen berries
- Frozen grains or microwaveable rice

FLUIDS: Keep water and other drinks that fit your clinical plan available. There is no universal water target here. Before buying electrolyte products, supplements, or meal replacements, ask whether you need them and whether they fit your health conditions and medications.

When eating feels difficult

EARLY FULLNESS OR MILD NAUSEA

- Split a meal into two sittings
- Choose simpler, softer preparations
- Start with a tolerable protein food
- Stop at comfortable fullness

CONSTIPATION

- Keep fluids consistent within clinical instructions
- Add fiber gradually
- Try oats, beans, fruit, vegetables, or whole grains
- Call your clinician if it persists or is painful

VERY LOW APPETITE

- Reduce volume without losing variety
- Use yogurt, eggs, soup, toast, tofu, or a smoothie
- Set a practical meal reminder
- Tell your care team if low intake continues

DIARRHEA OR VOMITING

- Contact your clinician if symptoms persist
- Use small sips if allowed and tolerated
- Do not force a large make-up meal
- Do not change medication based on this guide

CONTACT YOUR HEALTHCARE PROVIDER PROMPTLY IF:

- Vomiting or diarrhea persists, or you cannot maintain fluids
- Abdominal symptoms are severe or will not go away
- You have persistent or severe abdominal pain, with or without vomiting
- You have signs of dehydration, feel acutely unwell, or have symptoms of low blood sugar

For severe or rapidly worsening symptoms - including trouble breathing, fainting, confusion, seizure, or severe abdominal pain - seek urgent or emergency care. Otherwise, contact your prescriber promptly.

Turn your own plan into daily follow-through

Bring the plan from your prescriber or dietitian into the BodyBuddy app. BodyBuddy can check in over text about the ordinary follow-through - meals, protein, hydration, movement, and getting back on track after a difficult day.

bodybuddy.app/coaching/glp-1

Use your plan, not a perfect plan

A practical week can repeat breakfast, use frozen vegetables, rely on leftovers, and change texture when appetite changes. The goal is not to finish every box. It is to make the plan from your care team easier to follow in real life.

NOTES FOR YOUR NEXT APPOINTMENT

Source notes

- Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity: a joint advisory. American Journal of Clinical Nutrition. 2025, with 2026 corrigendum.
- U.S. Food and Drug Administration. Wegovy prescribing information. Revised June 2026.
- U.S. Food and Drug Administration. Zepbound prescribing information. Revised February 2026.
- Gorgojo-Martinez JJ, et al. Clinical recommendations to manage gastrointestinal adverse events in patients treated with GLP-1 receptor agonists. Journal of Clinical Medicine. 2023.
- Sievenpiper JL, et al. Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1-based therapies. Obesity Pillars. 2026.