2.0

BONUS 3 · UU LIFE PEPTIDES 2.0

UU LIFE TRACKING SYSTEM

What to log, when to review, and how to decide: continue, adjust or stop. In the app, in a spreadsheet and on paper.

Weekly log · Baseline sheet · Day-30 review · App + xlsx + print

A UU LIFE PRODUCT · UU.LIFE

UU Life Tracking System: what to log and how to review

Tracking creates a record you can examine: what was planned, what actually happened, what changed, and what symptoms or disruption occurred. The aim is a defensible judgment about benefit, uncertainty, and tolerability. Understand the starting point. Plan the measurements. Review what happened before deciding what comes next.

1. What tracking can establish

Without a measured baseline, the size of an improvement is uncertain. Without an actual-use record, the planned protocol may be mistaken for the exposure that occurred. Without context, changes in training, food intake, illness, or sleep may be attributed to the compound. Tracking helps determine whether an outcome occurred under interpretable conditions. An individual before-and-after comparison cannot prove causation.

A systematic review found a consistent association between self-monitoring and weight loss, but judged the evidence weak because of methodological limitations (PMID: 21185970). A separate review found that subjective well-being measures were sensitive to changes in athletes' training load (PMID: 26423706). These findings support logging behavior and recovery. They do not demonstrate peptide efficacy, validate this tracking system, or upgrade a compound's UU Life evidence grade.

> An encouraging result does not override a safety concern. Missing data are not evidence of success.

2. Establish the baseline before interpreting change

A practical baseline window is 7 to 14 days before a planned change when feasible. This is an organizational convention, not a validated peptide-specific requirement. If use has already begun, label the first observations as an on-treatment starting point. Do not reconstruct earlier measurements from memory or present them as a pretreatment baseline.

Choose one primary outcome and a small set of supporting measures. A recomposition goal might use waist change as the primary outcome, with body-weight trend and repeatable training performance as context. Define success before reviewing results, including the observation period and the amount of change that would matter to you or your clinician. Avoid choosing whichever measure improves afterward.

- Record baseline weight observations, waist measurements, photographs, training performance, sleep, energy, mood, appetite, and existing symptoms.
- Document medications, supplements, relevant conditions, current training structure, usual food intake, and any concurrent treatment changes.
- Record the protocol source, intended purpose, start date, planned end date, and any clinician-defined monitoring or stopping criteria.
- Keep clinician-requested laboratory results or vital signs with their dates, units, measurement conditions, and laboratory reference intervals.

There is no universal laboratory panel for every peptide or goal. Monitoring depends on the particular compound, indication, health history, and clinical plan. A normal result on one test does not establish overall safety. An unvalidated wellness marker should not become the sole definition of success.

3. Capture daily details and summarize weekly

Enter actual-use details and symptoms close to the event. Complete subjective ratings at a consistent time, then summarize the week on a fixed review day. Record sleep duration separately from sleep quality. Energy, sleep quality, and mood run from 1, very poor, to 5, very good. Appetite runs from 1, very low, to 5, very high. These custom ratings are organizational tools, not validated clinical scales.

Appetite direction is descriptive, not a success score. Preserve daily values behind each weekly summary so a brief severe event is not hidden by an acceptable average. The template uses one summary per week, supported by dated entries. Blank means missing, zero means a measured zero, and none reported means the field was checked. Zero is not a valid rating on the 1 to 5 scales.

FIELD	WHAT TO RECORD	WEEKLY ENTRY	INTERPRETATION CHECK
Week and dates	Protocol identifier, date range, and protocol day	Enter identifiers and dates	Use the same review window
Recorded use versus plan	Events matching planned amount, route, and timing versus events planned	Matching count / planned count; deviations	Explain missed, late, changed, or additional events
Dose actually used	Compound, amount, unit, route, actual frequency, and dose-source provenance in each dated entry	Dated entries with study PMID, named label, or the specified non-clinical provenance tag	Separate actual use from the plan; flag unknown provenance explicitly
Timing	Actual clock time and relevant relation to meals or training	Times and deviations	Distinguish recorded times from estimates
Energy	Daily rating from 1 to 5	Mean; range; days recorded	Retain unusually poor days
Sleep	Duration, quality from 1 to 5, and awakenings	Mean hours; quality; notes; days recorded	Keep the measurement method consistent
Mood	Daily rating from 1 to 5 and notable changes	Mean; range; days recorded; context	Describe meaningful deterioration
Appetite	Daily rating from 1 to 5 and eating disruption	Mean; range; days recorded; notes	Lower is not automatically better
Body weight	Standardized observations in kg or lb	Weekly mean; observation count	Keep individual readings available
Waist	Repeated measurements at one defined landmark	Readings and mean in cm	Record technique deviations
Training metrics	Exercise, load, repetitions, sets, and effort, or a fixed endurance benchmark	Comparable session results	Check technique and workload changes
Symptoms and suspected side effects	Symptom, onset, duration, severity, functional impact, and action taken	Dated events or none reported	Record timing without assuming causation
Notes	Illness, travel, stress, food changes, alcohol, menstrual phase if relevant, and other exposures	Dated context	Identify competing explanations

Each numeric dose entry needs route, frequency, and provenance beside the amount: a study with PMID or a named regulatory drug label. For documented informal figures, the explicit tag is: commonly cited in non-clinical use; not validated in trials. If provenance is unknown, record source unknown, unverified. Do not invent a citation or apply the non-clinical tag without a basis. A source documents a figure; it does not validate a deviation or recommend use.

Use mcg, mg, IU, and mL consistently. Volume in mL alone is not an active-drug dose; retain the documented concentration when relevant. Do not interchange IU with mass units or silently correct an uncertain entry. A

matching amount alone does not establish that the source studied the recorded route, frequency, formulation, or population.

4. Standardize weekly and monthly measurements

For weight, use the same scale on a firm surface, preferably after using the bathroom and before food or drink, with similar clothing. Compare averages from equivalent windows and show the number of observations. If frequent weighing becomes distressing, agree on a less frequent schedule and keep it consistent. More entries are useful only when the process remains sustainable.

For waist, choose a recognized landmark, such as the midpoint between the lowest rib and the top of the hip bone. Retain it throughout. Measure standing, with the tape horizontal, without compressing the skin, after a normal exhalation. Take two readings and repeat if they disagree noticeably. Waist adds information beyond BMI in cardiometabolic assessment (PMID: 32020062). It does not directly measure muscle gain or establish that a compound caused a change.

At each monthly review, repeat the baseline measurement set using the same methods: weight trend, waist, photographs, training benchmarks, and subjective summaries. Repeat clinical measurements only on the agreed schedule. Log changes in equipment or technique. Compare training performance under similar exercise selection, range of motion, effort, and rest conditions rather than comparing unrelated personal records.

```
Weekly mean weight = sum of recorded weights / number of observations
Example: 560.0 kg / 7 observations = 80.0 kg
Change from baseline = current weekly mean − baseline weekly mean
Example: 79.4 kg − 80.0 kg = −0.6 kg
Recorded use versus plan = matching planned events / planned events x 100
Example: 6 / 7 x 100 = 85.7%
Data completeness = completed daily logs / expected daily logs x 100
Example: 5 / 7 x 100 = 71.4%
Use recorded values only. Do not replace missing observations with zero.
A zero denominator means not calculable, not zero percent.
Report additional unplanned events separately.
Define a completed daily log before calculating completeness.
Adherence and completeness are descriptive measures, not safety or efficacy thresholds.
```

5. Photograph progress consistently

Take baseline and monthly photographs from the front, side, and back. Use the same room, background, lighting, clothing, camera, lens setting, distance, and camera height. Mark the floor positions for the camera and your feet. Keep posture relaxed and consistent, and photograph at a similar time relative to meals and training.

Avoid filters, portrait reshaping, selective lighting, or comparing a flexed image with a relaxed one. Save originals with date and view in the filename. Read photographs alongside measurements and performance; they are supporting records, not validated body-composition tests. Keep image access private and use consistent cropping if you choose to exclude your face.

6. Review at day 30 and at the planned end

Day 30 is an organizational checkpoint, not a universal biological deadline or validated peptide assessment interval. If the planned course ends sooner, review then; if concerns arise earlier, review immediately. At day 30, compare baseline with the latest equivalent measurement window. At the planned end, review the complete record, including the worst symptoms and all changes, rather than selecting the best week.

1. Was the primary outcome defined before starting, and was the observation period appropriate to the documented evidence?

2. What actually occurred compared with the plan, including amount, route, frequency, timing, interruptions, and additional events?
3. Are the records complete and comparable enough to support an interpretation?
4. How much did the primary outcome change relative to baseline variability and the predefined target?
5. Do supporting measures agree, or do weight, waist, photographs, performance, and well-being tell different stories?
6. Could changes in food intake, training, sleep, illness, stress, or other treatments explain the result?
7. What symptoms occurred, how disruptive were they, and were any predefined stopping criteria reached?
8. What does the record support discussing with the clinician: continuation within the existing plan, reassessment, or discontinuation?
9. What follow-up measurements, clinical review, or unresolved questions need a date and an owner?

7. Apply decision rules without chasing the result

Continue records a clinician-supported decision within an existing appropriate treatment plan. Required monitoring, stopping criteria, tolerability, and the reason for continuation belong in that decision. A tracker cannot establish that an unapproved compound or informal protocol is clinically appropriate. An early inconclusive result may reflect insufficient observation time, but the relevant evidence and clinical plan must establish that context.

Adjust first means correcting the measurement or review process: inconsistent timing, missing logs, mismatched training comparisons, or an unclear outcome definition. Document each correction and its date. A revised outcome is exploratory; it does not replace the original target retrospectively. Treatment changes belong with the prescribing clinician. A plateau, appetite shift, or disappointing photograph does not establish a reason for increasing exposure or adding compounds.

Stop records a discontinuation decision when a clinical stopping rule is met, tolerability is unacceptable, or the completed assessment does not justify further exposure. The clinician determines the appropriate discontinuation process for prescribed treatment. Severe breathing difficulty, chest pain, fainting, or rapidly worsening symptoms require urgent medical assessment rather than waiting for the tracker review.

When records are incomplete or confounded, classify effectiveness as inconclusive. That classification does not automatically justify continuation. At the planned end, write a dated conclusion covering outcome change, tolerability, adherence, competing explanations, and uncertainty. Improvement during observation is better documented than memory alone, but remains different from improvement caused by the compound.

8. Keep the UU Life app and spreadsheet aligned

If both a UU Life app tracker and spreadsheet are available, use them as two views of the same tracking structure. That structure includes baseline, dated observations, weekly summaries, and review decisions. Where a field is unavailable, preserve it in notes or the spreadsheet.

INFORMATION	APP RECORD, IF AVAILABLE	SPREADSHEET EQUIVALENT
Baseline and plan	Protocol details or notes	Baseline and plan fields
Daily observations	Dated tracker entries	Matching dated rows
Weekly summary	Summary fields or review note	Weekly template and calculations
Photographs and clinical records	Dated references or supported attachments	Matching filenames or document references
Review decision	Dated conclusion and next review	Matching decision and follow-up fields

Choose one primary entry location. At each weekly review, reconcile dates, units, missing entries, symptoms, and corrections in the second version, using an export only if supported. Preserve separate actual-use events

and identify them consistently to avoid duplicates. Keep the original value and correction reason when fixing an error. Ensure both versions reach the same dated review conclusion.

REFERENCES

1. Burke LE et al. Self-monitoring in weight loss: a systematic review of the literature.. *Journal of the American Dietetic Association*, 2011. PMID 21185970 DOI 10.1016/j.jada.2010.10.008 (The review found a consistent association between self-monitoring and weight loss, but judged the evidence weak because of methodological limitations. It does not establish peptide efficacy or validate this tracking system.)
2. Saw AE et al. Monitoring the athlete training response: subjective self-reported measures trump commonly used objective measures: a systematic review.. *British journal of sports medicine*, 2016. PMID 26423706 DOI 10.1136/bjsports-2015-094758 (Subjective well-being measures reflected changes in training load with sensitivity and consistency. This supports recovery monitoring, but does not validate the custom rating scales or any peptide protocol.)
3. Ross R et al. Waist circumference as a vital sign in clinical practice: a Consensus Statement from the IAS and ICCR Working Group on Visceral Obesity.. *Nature reviews. Endocrinology*, 2020. PMID 32020062 DOI 10.1038/s41574-019-0310-7 (The consensus statement supports waist circumference as an additional measure of cardiometabolic risk beyond BMI. It does not establish that an observed waist change was caused by a peptide.)

Printable sheets

Baseline (fill before the first dose)

PROTOCOL AND START DATE _____

GOAL IN ONE LINE _____

BODY WEIGHT AND WAIST _____

RESTING HEART RATE AND BLOOD PRESSURE _____

FASTING GLUCOSE OR HBA1C (IF RELEVANT) _____

SLEEP HOURS AND QUALITY _____

TRAINING: THE ONE NUMBER YOU TRACK _____

RELEVANT HISTORY AND CURRENT MEDICATION _____

SUPPLIER, LOT NUMBERS, COA ON FILE _____

PHOTOS TAKEN (FRONT, SIDE, BACK, SAME LIGHT) _____

Weekly log

Print this spread once per protocol. The same fields live in the app and in UU-LIFE-TRACKER.xlsx.

WEEK	DATES	APPLIED AS PLANNED	DOSE ACTUALLY USED	TIMING	ENERGY 1 TO 5	SLEEP 1 TO 5	MOOD 1 TO 5
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

WEEK	DATES	APPLIED AS PLANNED	DOSE ACTUALLY USED	TIMING	ENERGY 1 TO 5	SLEEP 1 TO 5	MOOD 1 TO 5
13							
14							
15							
16							

WEEK	APPETITE	BODY WEIGHT	WAIST	TRAINING METRIC	SIDE EFFECTS	NOTES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Day-30 and end-of-protocol review

1. Did I apply as planned at least 90 percent of the days? If not, why, and does the plan need to change or do I?
2. What moved: the primary metric, then energy, sleep, appetite, mood.
3. What did not move, and is it too early by the expected timeline of the protocol?
4. Side effects: which, when, how strong, and did any stop rule come close?
5. Are the pre-check numbers still in range? Re-measure the ones that matter.
6. Is the dose I actually used the dose I planned? Recalculate in the UU Life Calculator.
7. Supplier: any change of lot, any drop in effect after a new vial?
8. Decision: continue unchanged, adjust one variable, or stop and reassess.
9. If I continue: what is the single change for the next 30 days?

10. Photos and measurements filed with the date.

What is logged gets judged.

Thirty days, one review, one decision.