IMPACT HEALTH
Physician Guided Wellness

THE SLOW START EDITION / A PHYSICIAN'S GUIDE

Hard to Get Going

Practical answers about difficult mornings, low daytime energy and taking a small first step.

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For adults who want to understand their experience and find a manageable place to begin.

Where do I start when I already feel tired?

If getting going feels harder than it used to, another long list of things to do may be the last thing you need. I want to help you choose a starting point that feels possible.

I often begin with questions about sleep, food, hydration, movement and stress. We also need to understand what your tiredness feels like and whether further medical assessment is needed.

A Slow Start quiz result does not mean you have a thyroid problem, a hormone imbalance or a deficiency. It identifies an experience worth exploring.

FIND THE QUESTION THAT SOUNDS LIKE YOU

“Why do I wake up exhausted?” — page 3
“What can I do first thing?” — page 5
“What if my tests were normal?” — page 12
“What is one manageable next step?” — page 14

You do not have to tackle everything at once. Start with one action that fits the day you actually have.

GET SPECIFIC ABOUT YOUR EXPERIENCE

What does “waking up exhausted” mean for me?

When someone tells me they wake up exhausted, I first ask what that means to them. How long does the feeling last? What happens after they get up? Is it sleepiness, physical weakness, a foggy feeling or a lack of motivation?

Those details matter. Feeling slow for a short time after waking is different from struggling to function for hours or feeling unwell throughout the day.

> **THE QUESTIONS I WOULD ASK**
>
> How long does it take to feel awake?
> Do you feel better after getting up, or stay exhausted?
> How long has this been happening?
> What have you tried?
> What else feels different from your usual self?

There is no need to describe your experience in medical language. A clear example from yesterday can be more helpful than trying to find the right label.

If tiredness is persistent, worsening or limiting your daily life, make room for a medical conversation as well as a review of your routine. [8]

A typical morning feels like this:

LOOK AT TIME AND QUALITY

Am I sleeping enough, and sleeping well?

When someone says they have slept enough, I ask what that looks like. How much time were they actually asleep, rather than simply in bed? How often did they wake, and how long did falling asleep take?

Many adults need about seven to nine hours. A regular schedule can help, but the amount of sleep you need and your circumstances still matter. [6, 7]

LOOK AT A TYPICAL NIGHT

What time do you get into bed?
When do you think you fall asleep?
Do you wake to use the bathroom or toss and turn?
What time do you get up?
Do you wake feeling restored?

I also ask about evenings. Is there something you could move earlier, simplify or set a boundary around so there is room for sleep? That question is about finding options, not judging how you use your time.

If sleep itself is the main difficulty, the Recharge guide explores that topic in more detail. Persistent unrefreshing sleep deserves discussion with your clinician, rather than an assumption that you simply need more discipline.

What can I do first thing in the morning?

For someone who finds it hard to begin the day, my practical starting suggestion is to get out of bed when it is time to wake, have some water and step outside if it is daylight.

I often suggest five to ten minutes outdoors as a manageable routine. Daylight helps provide timing cues for the body's daily rhythm; that brief routine is not a guaranteed hormone reset. [6]

A SIMPLE MORNING SEQUENCE

Get up at your planned time.
Have water available.
Step outside into daylight when practical.
Move on to the breakfast or first task you planned.

Adapt the sequence to your health and circumstances. If standing makes you dizzy or unwell, get up safely and discuss that symptom rather than pushing through it. A routine should not require ignoring how your body feels.

If you wake before daylight, use the parts that fit and get outside later when possible. The goal is a repeatable beginning, not another rule that makes an already difficult morning feel like a failure.

Why do I feel like I can never get enough caffeine?

When patients feel they need caffeine all day, I want to understand how much they are having and when. It can be easy to add another serving without looking at the total.

In my practice, I sometimes discuss a period without caffeine, followed by a smaller amount if the person wants to reintroduce it. One approach I use is roughly 100 to 150 milligrams or less, finished by noon.

This is an individualized approach. If you regularly have a lot of caffeine, cutting back gradually can reduce withdrawal symptoms. Caffeine can also affect sleep, and people vary in their sensitivity. [2]

> **START BY COUNTING, NOT GUESSING**
>
> Check the serving size and caffeine amount in coffee, tea, energy drinks and other products. Choose one change that feels realistic, such as reducing a serving or moving it earlier.

A commonly cited upper amount is not an energy goal. Finding an amount that suits you is more useful than trying to reach a limit. If exhaustion continues, look beyond caffeine with your clinician.

What is an easy habit to begin with?

When someone says they know what to do but do not have the energy to do it, I sometimes start with hydration. It can be easier to organize than adding a whole new activity.

I often discuss about 80 to 100 ounces of water a day in my practice, adjusted to the person. The aim is a suitable routine, not asking every reader to drink the same amount.

> **CONNECT IT TO EXISTING MOMENTS**
>
> Fill a bottle in the morning.
> Check it around lunch.
> Check again when the workday ends.
> Spread drinking through the day instead of catching up at bedtime.

A 32-ounce bottle filled three times is 96 ounces. That is an example, not a requirement. Food and other drinks count toward fluid intake, needs differ, and some people need a prescribed fluid limit. [3]

Choose the bottle size and number of refills that fit your plan. Having a clear checkpoint can help you remember without constantly tracking every sip.

The checkpoint I will start with:

Could my food routine be making the day harder?

I ask about meals because busy people often reach the afternoon before realizing they have barely made time to eat. A plan can make food easier to fit into the day.

Protein is one of the things I emphasize in my practice. I want people to think about including it in meals, with an amount that fits their size, activity and health. [1]

CHOOSE ONE PRACTICAL CHANGE

Decide on breakfast the night before.
Pack leftovers for lunch.
Keep a backup meal available.
Block a weekly time to plan a few dinners and groceries.

You do not need to take on all four. Choose the part of the day that is most often missed or rushed, and make that one meal easier.

The Fuel guide goes further into meal planning, protein and eating around a busy schedule. Here, the priority is finding a small step you can repeat without making your day more complicated.

> *A plan should reduce the number of decisions you have to make when you are already tired.*

How small can my movement goal be?

I often talk about a short walk rather than a large exercise commitment. For someone who tolerates walking well, five or ten minutes during a break can be a practical place to begin.

One example I use is a ten-minute walk twice a day, five days a week. That adds up to 100 minutes. It is an example of consistency, not a required starting amount or a complete activity prescription.

Regular activity can support sleep. Choose a time that works for you; if exercising late makes falling asleep harder, consider an earlier time. [7]

> **WHAT IF ACTIVITY MAKES ME FEEL WORSE?**
>
> Do not assume you just need to push harder. Marked or delayed worsening after activity deserves assessment. Some conditions involve post-exertional symptom worsening, and a standard “do more each week” plan may not fit. [9]

For someone who can comfortably do more, the next step can stay small. For someone who feels worse, the next step may be asking for help. Both are useful responses to what you notice.

I know what I should do. What if I cannot do it all?

First, I want to acknowledge how much it can take to keep looking for answers when you feel tired. Knowing the basics does not make it easy to fit them into your life.

Sleep, food, water, movement and stress can feel like five separate projects. I do not want you to start all five at once.

> **CHOOSE THE EASIEST USEFUL STEP**
>
> If water is often forgotten, start with a refill checkpoint.
> If lunch is missed, start with a backup meal.
> If a short walk feels good, choose one time for it.
> If evenings are crowded, simplify one task.

Practice that step until you understand what makes it easier or harder. Then decide whether to keep it, adjust it or add another small action.

You do not need to earn help by proving you have tried hard enough. If fatigue prevents even basic activities, tell your clinician what is happening.

> *A smaller plan you can use is a meaningful start.*

Where will I find the time?

I often suggest a simple time audit. Look at a typical evening or weekend and ask where an important health task could have a place on the calendar.

That may mean moving a task, shortening it, asking for help or deciding something else can wait. It does not mean assuming everyone has spare hours they are choosing to waste.

> **MAKE THE PLAN SPECIFIC**
>
> Instead of “I need to meal prep,” try “On Sunday, I will choose three dinners and write the grocery list.” Instead of “I need to exercise,” choose a short activity and a time that fits your day.

Some weeks are genuinely crowded. Use a smaller version: repeat familiar meals, prepare one useful ingredient, or keep a manageable movement break if you tolerate it.

One task I could simplify, move or share:

The time I will protect for my next step:

What if I was told my tests were normal?

I want patients to feel heard when symptoms continue. Reassuring results can be useful information without being the end of the conversation.

Bring your actual results, if available, and ask what was tested, what the results mean in your circumstances and whether anything else needs assessment. The answer may involve follow-up, a different question or a closer look at daily life.

For thyroid concerns, TSH is one common starting test. Interpretation depends on the laboratory and clinical context; there is not one “optimal” TSH target that applies to every adult. Additional testing should answer a specific clinical question. [10]

QUESTIONS WORTH ASKING

What do these results help rule in or out?
Do my symptoms suggest another explanation?
Would another test change what we do?
When should we reassess if I still feel this way?

You do not need to decide on a hormone diagnosis before asking for a thoughtful review. An abnormal result also needs interpretation, rather than automatically explaining every symptom.

Should I try a supplement for energy?

Before adding a product, I would want to know what it is intended to address and what you are already taking. A supplement should have a clear purpose in your plan.

Low energy alone does not tell you which nutrient, if any, you need. Persistent fatigue deserves assessment rather than a growing list of products. [8]

SEE THE OPTIONS I SHARE

The Vitamins & Minerals section on the Impact Health supplement page shows products available through our store. You can use it to discuss what, if anything, fits your needs with a qualified clinician.

Bring the product name, ingredients and dose to that conversation. Ask whether it fits your medicines and health conditions and how you would decide if it is worth continuing.

Impact Health and Dr. Snustad may earn money from purchases through the store. You do not need to purchase anything to begin the practical routines in this guide.

> *The useful question is not "What else can I take?" It is "What is the next step that makes sense for me?"*

What do I want to remember this week?

1. Small, consistent actions count.

A manageable action repeated over time is worth doing. You do not have to begin with a major change.

2. You do not have to do everything perfectly.

Choose one area, give it a place in your week and adapt when life changes. Overwhelm is a reason to simplify the plan.

3. Keep asking for help when fatigue persists.

Bring your experience, questions and test results into the conversation. Daily habits and medical follow-up can both be part of your next step.

The one action I will try:

When I will do it, and how I will make it easier:

> **A USEFUL CHECK-IN**
>
> Was the step manageable? Did it help, have no effect or make me feel worse? What needs to change, and is it time to ask for more support?

When should I ask for help?

Do not assume that ongoing exhaustion is simply a failure to plan, eat well or stay consistent. Daily habits are worth discussing, and persistent symptoms deserve medical attention too.

Arrange an appointment if fatigue is not improving after a couple of weeks of basic self-care, or sooner if it is worsening or disrupting everyday life. [8]

GET URGENT HELP

Fatigue with chest pain, trouble breathing, a feeling that you may pass out, or unusual bleeding needs urgent medical attention. Call emergency services for severe or life-threatening symptoms. [8]

Bring a short description of when the fatigue occurs, how long it has been happening, changes in your sleep or meals, and your medications and supplements. You do not need a perfect diary to have a useful conversation.

> *Your symptoms deserve to be heard. A manageable routine and a thoughtful medical evaluation can work together.*

YOUR GUIDE

About Dr. Brittany Snustad



I’m Dr. Brittany K. Snustad, a physician and the voice behind Impact Health.

In my work with patients, I hear how frustrating it is to feel tired, overwhelmed or unsure where to begin.

My teaching starts with listening, asking practical questions and helping people find a next step they can repeat.

Sleep, food, hydration, movement and stress all deserve attention. I also want people to feel comfortable asking for a closer look when symptoms continue.

You do not need to change everything at once. The goal is to understand your experience and make a plan that fits your life.

MY APPROACH

Start small. Be consistent. Pay attention to what helps, and ask for support when you need it.

AN OPTIONAL NEXT STEP

Keep learning, at your own pace

Skipped the email opt-in after your free energy quiz?

If you would like more helpful information from Dr. Brittany Snustad, you can choose to receive free educational emails from Impact Health.

Continue exploring practical ideas about food, sleep, digestion and everyday habits, with a focus on small steps you can use in real life.

STAY CONNECTED

Sign up for free educational emails

Signing up is optional. You can keep using this guide whether or not you choose to receive emails.

A note about this guide

This guide shares general health education and Dr. Brittany Snustad's teaching approach. It does not diagnose a condition, provide a personal treatment plan or replace care from your own clinician.

Examples and daily targets are starting points for discussion. Your needs may differ because of your health, medications, pregnancy, activity, age or other circumstances. Follow any individualized instructions you have been given.

Do not use a quiz result or this guide to decide that you have a hormone disorder, nutrient deficiency, food allergy or digestive condition. Persistent or worsening symptoms deserve assessment.

Discuss supplements and substantial dietary changes with a qualified clinician. Product links are optional shopping resources, not proof that a product is needed or will improve your symptoms.

Impact Health and Dr. Snustad may earn money from purchases through their supplement store. You do not need to buy a product to use the ideas in this guide.

Small numbered links throughout the guide open supporting educational sources. Clinical recommendations and your circumstances can change over time.