Eat with purpose. Build it gradually.

Lean protein. Plenty of vegetables. Intentional portions. More water. Repeat. You do not need a perfect diet to begin making progress.

1. Put lean protein in your meals

Build meals around chicken or turkey without the skin, fish, lean cuts of meat, eggs, plain Greek yogurt, cottage cheese, tofu or tempeh. Beans and lentils contribute both protein and carbohydrates. Bake, grill, roast or air-fry more often; pay attention to oils, breading and sauces.

Practical starting point: a palm-sized portion at a meal, often about 3-4 ounces cooked meat or fish. Plant proteins and dairy vary; check the label. A palm is a visual guide, not a precise macro measurement.

2. Make vegetables a regular part of the plate

Aim for about half your lunch and dinner plate to be nonstarchy vegetables: broccoli, greens, peppers, green beans, carrots or a salad. Fresh, frozen and canned vegetables can all work. Choose lower-sodium options or rinse when useful. Start with one extra serving if vegetables are not yet a habit.

3. Manage carbs and fats - keep both in perspective

Carbohydrates fuel training. Choose portions of oats, potatoes, rice, whole-grain bread, beans and fruit that fit your appetite and goals. Start with about a quarter plate of starch or grain. Fruit and dairy also contribute carbs; you do not have to avoid them.

Fats support normal body function, but portions add up quickly. Use measured amounts of olive oil, nuts, seeds, avocado and dressings. A thumb-sized amount of added fat is a rough cue, not a required limit. Adjust portions with your coach rather than cutting entire food groups.

One simple meal

Grilled chicken or tofu + a generous serving of broccoli and peppers + a measured serving of rice + a little olive oil or sauce. Frozen ingredients and simple convenience foods are welcome.

Start with your drinks. Make changes you can keep.

4. Cut sugary drinks back substantially

Regular soda, sweet tea, juice drinks, sports drinks and sweetened coffee can add substantial calories without much fullness. Make this one of your first changes. Water, sparkling water and unsweetened tea are useful defaults.

If switching directly to water is not realistic, replace regular soda or sweet tea with a diet/zero-sugar alternative. Use it as a practical transition. It helps when it replaces sugar and calories; it is not a fat-loss product or a substitute for nutritious food.

5. Aim for at least 64 fluid ounces of water to start

That is eight 8-ounce cups, or two 32-ounce bottles, spread through the day. This is a BX5 starter habit, not a universal fluid prescription or a daily ceiling. Needs vary with body size, heat, exercise and sweating; foods and other drinks also supply fluid. Follow any prescribed fluid restriction instead of this target.

6. Change a few things at a time

Week 1: Replace one regular sugary drink each day and carry a water bottle.
Week 2: Add lean protein to breakfast and vegetables to dinner.
Week 3: Measure the carb/fat portions that are easiest to overeat.
Week 4: Review consistency, hunger, energy and your weight trend. Keep what works and choose the next small step.

Room for real life

BX5 uses "goolosh" for the discretionary foods or drinks you personally plan to reduce: sweets, chips, fried snacks, alcohol or sugary drinks, for example. Agree on your list and a serving definition before the challenge. Eating these foods does not make a day a failure. A zero-sugar drink replacing a sugary drink does not automatically count as goolosh in this draft.

A quick daily check

Did I include protein? Did I eat vegetables? Were my carb/fat portions intentional? Did I replace sugary drinks? Did I drink water, move and make room for sleep? Choose tomorrow's improvement from your answers.

Choose the structure that helps you follow through.

Option 1 / Macro targets

Track protein, carbohydrate and fat grams within a calorie budget. Protein supports muscle retention during weight loss, especially alongside strength training. The BX5 planner starts with 1.6 grams of protein per kilogram of current body weight, 30% of calories from fat and carbohydrate from the remaining calories. These are adjustable starting choices, not an optimal ratio for everyone. A lower 1.2 g/kg option is available.

Option 2 / Calorie budget

Track total calories without having to hit exact macro numbers. Include protein and vegetables regularly. Age, height, weight, equation sex and activity are used to estimate maintenance needs. The calculator compares your requested timeline with a more conservative starting budget. Do not add workout calories again if they are already reflected in your activity selection.

Option 3 / Plate + Practice

Use the plate method and a repeatable two-week habit experiment instead of tracking every gram. Build half the plate from nonstarchy vegetables, one quarter from protein and one quarter from carbohydrate foods. Replace sugary drinks, portion calorie-dense extras and review your trend after 2-4 weeks. If progress stalls, change one portion or habit with your coach. This BX5 adaptation is informed by plate-method and behavior-change guidance; it is not a separately validated diet or a guaranteed pace of loss.

Treat numbers as a starting estimate

The planner uses the Mifflin-St Jeor resting-energy equation and approximate activity multipliers. Goal math uses 3,500 calories per pound only as an initial planning approximation. Actual loss is not linear: water, metabolism, medications and adherence matter. The NIH Body Weight Planner is linked for a more detailed dynamic model. Reassess after 2-4 weeks rather than chasing daily fluctuations.

For adults with excess weight, gradual loss of about 1-2 pounds per week is a common general reference; slower can be appropriate. The BX5 tool limits suggested deficits to the lower of 25% of estimated maintenance or 750 calories/day, and uses intake floors of 1,200 (female equation) or 1,500 (male equation). These are conservative product guardrails, not a personalized medical clearance. Some adults need more food or a different approach.

General education for nonpregnant, nonbreastfeeding adults 18+. Do not use automated weight-loss targets during pregnancy/breastfeeding, with an active/history of an eating disorder, or when a clinician advises against weight loss. Obtain individualized guidance for kidney disease, diabetes medications, prescribed fluid limits or other medical nutrition needs. The challenge grade measures reported habits, not health or personal worth.

Why these basics?

Selected sources and design notes. Accessed November 2, 2026. The 64-ounce starting habit, challenge grade and two-week practice format are BX5 coaching choices. They are not clinical assessment tools.

CDC: Steps for Losing Weight

Gradual goals, small behavior changes and attention to sleep and activity.

https://www.cdc.gov/healthy-weight-growth/losing-weight/

CDC: Diabetes Meal Planning

Visual plate method. Used here as general meal-building guidance.

https://www.cdc.gov/diabetes/healthy-eating/diabetes-meal-planning.html

CDC: Water and Healthier Drinks

Individual water needs and alternatives to sweetened drinks.

https://www.cdc.gov/healthy-weight-growth/water-healthy-drinks/

Mifflin et al., American Journal of Clinical Nutrition (1990)

Resting-energy prediction equation.

https://pubmed.ncbi.nlm.nih.gov/2305711/

Leidy et al., American Journal of Clinical Nutrition (2015)

Review of higher-protein diets; 1.2-1.6 g/kg/day as a useful range in weight management.

https://pubmed.ncbi.nlm.nih.gov/25926512/

McGlynn et al., JAMA Network Open (2022)

Randomized-trial meta-analysis of low/no-calorie drinks replacing sugary drinks. Benefits are substitution-specific.

https://pubmed.ncbi.nlm.nih.gov/35285920/

NIDDK: Research Behind the Body Weight Planner

Dynamic weight-change research and limitations of simple calorie math.

https://www.niddk.nih.gov/research-funding/at-niddk/labs-branches/laboratory-biological-modeling/integrative-physiology-section/research/body-weight-planner

AHA/ACC/TOS Guideline (2013)

Evidence-based calorie-deficit approaches and individualized intake levels.

https://pmc.ncbi.nlm.nih.gov/articles/PMC5819889/