

# FASTING WORKBOOK

## Guide to Filling out Your Fasting Workbook

- If you haven't already read my [In-depth Guide to Water Fasting on the Carnivore Diet](#), please check it out first
- Try to fill in the workbook with as much detail as possible. The information will be valuable for your future fasts or helpful for your loved ones if they ever want to attempt a long fast
- It's not essential but if you want to measure and record your weight and waist circumference, do it at the same time of the day using the same method. For example, you may want to weigh yourself immediately after waking up and voiding and wearing the same standard clothes. Afterward, measure your waistline
- It's best to fill in your workbook daily as you go or at the end of the day. Your memory is not infallible
- If you feel unwell at any point during your fast, please STOP immediately and contact your doctor. All the fasting benefits in the world are NOT worth it if your fast results in serious and lasting health complications
- My single best tip for a long fast on the carnivore diet is to eat a lot of fatty ruminant meats and organ meat during the week leading to your fast. Except for a few hunger pangs, you will experience very few adverse symptoms if at all
- This is more of a mental challenge rather than a physical challenge. Believe in yourself, you can definitely do it, and you will be STRONGER and HEALTHIER for it
- If you find this Workbook useful, please share with your family, friends and followers, it would be much appreciated!
- Please get a clearance from your doctor before proceeding. I wrote the Guide and this Workbook to help you make your fast easier but take absolutely no responsibility for any loss, damages whatsoever arising directly or indirectly out of or in any way related to your use of the information on [allthingscarnivore.com](#) or this Workbook. By using the information on the website and this form, you hereby agree to the Terms and Conditions set by [allthingscarnivore.com](#)

### Disclaimer

The information contained herein is for reference purposes only and not intended to constitute or replace professional medical advice. Please consult a qualified medical professional before undertaking a fast of any length.



## One day before my fast

*My name is:* \_\_\_\_\_

*My age is:* \_\_\_\_\_

*My weight today is:* \_\_\_\_\_

*My current waist circumference is:* \_\_\_\_\_

*My height is:* \_\_\_\_\_

*My BMI is:* \_\_\_\_\_

*My medical history:* \_\_\_\_\_

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*My current medications:* \_\_\_\_\_

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*My doctor's advice with regard to my fasting plan:*

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*My pre-fasting blood test results:*

<i>Test name</i>	<i>Result</i>

*I've consumed the following types of food and drinks in the last 7 days:*

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The last time I ate was at: \_\_\_\_\_

My GOAL in doing this fast is: \_\_\_\_\_

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### MY FASTING PLAN

1. I plan to fast for: \_\_\_\_\_

2. I plan to drink the following during my fast (circle):

- a. Water
- b. Electrolyte drink
- c. Tea
- d. Coffee
- e. Bone broth

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3. I plan to take the following supplements:

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4. I plan to keep my daily exercises as follows:

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

5. *I will be taking the following medications during the fast:*

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6. *My strategies to deal with hunger and food temptations during the first few days are:*

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7. *I may end the fast early if I experience the following symptoms:*

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8. *I may extend the fast if I feel:*

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9. *I plan to break the fast as follows:*

*Day 1:*

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*Day 2:*

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*Day 3:*

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*Day 4:*

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## Day One

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Two

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Three

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Four

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Five

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Six

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Day Seven

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Drinks I consumed:*

<i>Time</i>	<i>Drink</i>	<i>Volume</i>

*Medications I took:*

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*Exercises I did:*

<i>Time</i>	<i>Duration</i>	<i>Activity</i>	<i>Intensity</i>

*How I felt physically:*

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*How I felt mentally:*

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*Problems I encountered:*

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*My weight today:* \_\_\_\_\_

*My circumference today:* \_\_\_\_\_

*Other notes:*

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## Refeeding Days

### Day 1:

*Drinks I had:*

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*Foods I ate:*

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*How I felt:*

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### Day 2:

*Drinks I had:*

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*Foods I ate:*

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*How I felt:*

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**Day 3:**

*Drinks I had:*

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*Foods I ate:*

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*How I felt:*

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**Day 4:**

*Drinks I had:*

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*Foods I ate:*

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*How I felt:*

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## My Evaluation of the Fast

My current weight is: \_\_\_\_\_

My current waist circumference is: \_\_\_\_\_

My current BMI is: \_\_\_\_\_

My post-fasting blood test results:

Test name	Result

My current medical condition:

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How I feel physically after the fast:

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How I feel mentally after the fast:

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