

The Fasting Friction Audit Worksheet

Use this worksheet before you start the three-day experiment. Its job is simple: to turn vague frustration into a clear starting point so you can choose a window based on signals, not guesswork.

1. My Current Fast

Fill in the exact pattern you are using now.

Usual fasting start time:

Usual first meal time:

Usual last meal time:

Longest fast I try to keep:

Coffee or caffeine before food:

Any fasting rule I feel pressure to follow:

EXAMPLE

Usual fasting start time: 7:30 p.m.

Usual first meal time: 11:00 a.m.

Usual last meal time: 7:00 p.m.

Longest fast I try to keep: 18 hours

Coffee or caffeine before food: 2 cups of black coffee

Any fasting rule I feel pressure to follow: Do not eat before noon

2. My Body Signals Right Now

Circle or write the strongest signal for each one.

Energy in the morning: steady • low • wired • crashing

Energy by midafternoon: steady • low • wired • crashing

Sleep quality: solid • light • broken • too early waking

Hunger before my first meal: calm • mild • sharp • shaky

Stress level during the fast: calm • manageable • high • edgy

Mental clarity: clear · foggy · mixed · scattered

3. What Seems to Be Failing?

Write the part that feels hardest right now.

I feel worst when:

I usually push through because:

The part that makes fasting feel forced is:

The signal I keep ignoring is:

4. My Nourishment Gaps

Be specific. This is not about perfection. It is about support.

First meal usually includes:

Last meal usually includes:

Protein is present at:

Hydration before noon looks like:

Minerals or electrolyte products or supplements I use, if any (record only; do not add them without checking that they are appropriate for me):

Caffeine timing that feels rough:

Medication or supplement timing, including whether any must be taken with food:

Medical or health-related disruption:

Menstrual or menopause-related symptoms, if relevant to me:

Did I stop or shorten the fast? If yes, why:

The meal or drink I keep skipping:

5. My Real Life Demands

This is where the Window Fit Filter starts.

My busiest days are: _____

My earliest start time is: _____

My latest evening commitment is: _____

The time I most need steady energy is: _____

The time I can most reliably eat is: _____

6. My Decision From Today

Choose ONE sentence and complete it.

My current fasting schedule may be too long because: _____

My current fasting schedule may be too rigid because: _____

My first adjustment will be: _____

My one signal to watch most closely will be: _____

EXAMPLE

My current fasting schedule may be too long because I wake up tired and need coffee to function.

My current fasting schedule may be too rigid because I keep extending it even when hunger feels sharp.

My first adjustment will be to try a shorter schedule that includes an earlier first meal.

My one signal to watch most closely will be afternoon energy.

7. My Three-Day Experiment Baseline

Before you begin, record these exactly once.

Sleep time last night: _____

Wake time this morning: _____

One word for how my body feels today: _____

Energy score from 1 to 5:

1 2 3 4 5

Hunger score from 1 to 5:

1 2 3 4 5

Stress score from 1 to 5:

1 2 3 4 5

Mental clarity score from 1 to 5:

1 2 3 4 5

Do not turn this into a performance review. If you skip the coffee line, soften the fasting line, or give every signal the same score, the worksheet stops being useful. Keep it plain. Keep it honest.

Follow your prescriber's instructions and do not alter medication timing based on this worksheet. Your body gets the final say, but this worksheet cannot diagnose the cause of a symptom.

From **The 3-Day Fasting Signal Reset for Women Over 40** — Find a Fasting Schedule That Fits Your Energy, Hunger, Sleep, and Real Life—Without Forcing Longer Fasts.