

The Three-Day Signal Scorecard Worksheet

Use this after you choose your fasting schedule and eating window and before you decide to keep, change, or pause. Fill it out for three days only. The goal is not perfect tracking. The goal is a clean read on your signals.

1. Set Up Your Baseline

Write these at the top of the page.

Eating window:

First meal time:

Last meal time:

Hydration plan:

Caffeine plan:

EXAMPLE

Eating window: 11:00 a.m. to 7:00 p.m.

First meal time: 11:15 a.m.

Last meal time: 6:30 p.m.

Hydration plan: fluids according to my usual needs; no electrolyte products or supplements unless I have checked that they are appropriate

Caffeine plan: coffee only before 10:00 a.m., no caffeine after noon

2. Rate Your Signals Twice a Day

Rate the same five core signals across the day. In the morning, score how you slept. In the evening, score your readiness for sleep. Score each one from 1 to 5.

Energy: 1 = depleted, 5 = steady

Hunger: 1 = calm, 5 = urgent or difficult to ignore

Stress: 1 = calm, 5 = highly stressed

Mental clarity: 1 = foggy, 5 = clear

Sleep: 1 = poor, 5 = restorative (morning only)

Sleep readiness: 1 = restless or wired, 5 = calm and ready for sleep (evening only)

Score direction: higher scores are better for energy, sleep, mental clarity, and sleep readiness. Higher scores are worse for hunger and stress.

Do not average away a serious or unusual symptom. A single concerning symptom can be a reason to stop, regardless of the other scores.

Morning check-in, before coffee or breakfast

	Energy	Sleep	Hunger	Stress	Mental Clarity
Day 1	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Day 2	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Day 3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Evening check-in, after your last meal

	Energy	Hunger	Stress	Mental Clarity	Sleep Readiness
Day 1	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Day 2	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Day 3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

EXAMPLE

Filled example for morning: Energy 2 · Sleep 3 · Hunger 4 · Stress 3 · Mental clarity 2

Filled example for evening: Energy 4 · Sleep readiness 3 · Hunger 2 · Stress 2 · Mental clarity 4

3. Log Supporting Context

Record the details that are relevant to your day. You do not need to complete every line if it does not apply.

First meal: familiar foods that are satisfying and appropriate for my dietary needs:

Hydration by midafternoon: yes or no:

Caffeine timing: on plan or off plan:

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

Medical or health-related disruption:

Menstrual or menopause-related symptoms, if relevant:

EXAMPLE

Day 1 example: First meal composition: eggs, avocado, berries · Hydration by midafternoon: yes · Caffeine timing: on plan

Day 2 example: First meal composition: yogurt, nuts, chia · Hydration by midafternoon: no · Caffeine timing: off plan, second coffee at 1:30 p.m.

4. Mark The Disruptions

If something affected your signals, write it down in one line. Use only the disruptions that matter.

- | | |
|---|---|
| ☐ Poor sleep | ☐ Late dinner |
| ☐ Extra coffee | ☐ Missed hydration |
| ☐ Stressful workday | ☐ Headache |
| ☐ Strong hunger before the window opened | ☐ Medication or supplement timing |
| ☐ Medical or health-related disruption | ☐ Menstrual or menopause-related symptoms, if relevant |

Whether I stopped or shortened the fast, and why:

EXAMPLE

Day 2, extra coffee at 1:30 p.m. and late dinner at 8:00 p.m. made hunger louder the next morning.

5. Read The Pattern On Day 3

At the end of three days, answer these five questions. The audit uses six areas, but this scorecard rates five core signals. Sleep is scored in the morning based on the night before and in the evening based on your readiness for sleep. Nourishment is recorded as supporting context rather than scored.

Did I feel steadier in the eating window I chose?

Did sleep hold steady, improve, or slip?

Did hunger feel manageable, sharper, or relentless?

Did stress rise, stay level, or ease?

Did mental clarity improve or fade?

Then circle one decision.

- ☐ **Keep** — only if the overall pattern is stable or improving, no concerning symptoms are present, sleep is not worsening, and the window fits daily life.
- ☐ **Change** — if the pattern is mixed and there is one clear adjustment to test.
- ☐ **Pause** — if symptoms are worsening, several signals are deteriorating, or any concerning symptom appears. When in doubt, pause and seek individualized guidance. Safety signals override any numerical score.

EXAMPLE

Keep: my 12:00 p.m. to 6:00 p.m. schedule felt manageable, hunger stayed at 2 or below, sleep did not worsen, and no concerning symptoms appeared.

Change: move last meal from 7:30 p.m. to 6:30 p.m. and cut the afternoon coffee.

Pause: stop fasting for now because energy stayed low, sleep worsened, and hunger felt urgent every morning.

Do not get tripped up by one rough day, but do not average away a concerning symptom. One late dinner does not tell the whole story; a safety signal overrides the numerical pattern.

Follow your prescriber's instructions and do not alter medication timing based on this scorecard. What matters is the pattern across three days, with the same five signals, the same check-in times, and one clear decision at the end.

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.