

Worksheet

GUT HEALTH QUEST

CUSTOMIZE
YOUR JOURNEY

Create Your Quest

YOUR WHY:

PART 1: THE FASTING PROTOCOL

STEP 1:

Choose Your Type of Fast *(circle one)*

No To Low Calorie Liquid Fast OR Fasting Mimicking

Will you do a "Dry Fast" for any period of your Extended Fast?

YES / NO

If so, for how long? (in hours): 12 16 20 24 30 36

STEP 2:

Choose your duration in hours *(circle one)*

36 48 60 72 72+

STEP 3:

Choose your type of Intermittent Fasting (IF) *(circle one)*

Strict OR Feast/Famine

Choose your IF protocol *(circle one)*

12:12

14:10

16:8

18:6

20:4

One Meal a Day

