Carnivore Diet Transition Tracking Worksheet

This worksheet is designed to help you track your progress during the transition to and optimization of the carnivore diet. Record your observations weekly to monitor changes and identify patterns.

Week 1

Biometric Data

Weight (lbs): _____

Body Fat (%): _____

Daily Metrics

Day 1

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 2

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 3

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 4

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 5

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 6

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 7

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Week 2

Biometric Data

Weight (lbs): _____

Body Fat (%): _____

Daily Metrics

Day 1

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 2

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 3

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 4

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 5

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 6

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 7

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Week 3

Biometric Data

Weight (lbs): _____

Body Fat (%): _____

Daily Metrics

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Energy Levels (1-10): _____

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Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 2

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

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Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 4

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 5

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 6

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 7

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Week 4

Biometric Data

Weight (lbs): _____

Body Fat (%): _____

Daily Metrics

Day 1

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 2

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

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Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 4

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 5

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 6

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____

Day 7

Energy Levels (1-10): _____

Mood (1-10): _____

Mental Clarity (1-10): _____

Digestive Health Notes: _____

Hunger Levels (1-10): _____

Cravings (Yes/No): _____

Sleep Quality (1-10): _____

Biomarker Notes (e.g., Blood Glucose, Ketones): _____

Physical Activity Notes: _____

Symptoms/Relief (e.g., joint pain, inflammation): _____

Foods Consumed (Details): _____

Observations/Comments: _____