

S5 Text. Questionnaires in English.

Self-observation

diary

Name: _____

Room number: _____

Stay from: _____ to: _____

Dear patients,
dear guests

The changes in metabolism caused by fasting or nutritional therapy could affect the personal well-being. By using this diary the effects could be recorded and thus become more comprehensible. In addition it could help to optimize prospective therapy recommendations.

Only a complete documentation enables us to detect coherences. Therefore, we kindly ask you to complete this diary as accurately as possible.

In addition we request you to fill in information about:

1. your lifestyle before the stay (page 7)
2. your lifestyle during the stay (page 53)
3. questions at the end of your stay (page 52)

Please give the completed diary back to your nurse on the day of departure.

Thank you for your participation!

Dr Françoise Wilhelmi de Toledo and
the scientific team of the clinic Buchinger Wilhelmi

Instruction:

➤ Date:

First enter the date, please. Day 1 is equivalent to the day of arrival.

➤ Diet:

Please mark your accurate diet with a cross day by day and complete the belonging information. In case of not-appropriate statements please check the No-box.

➤ Ketone bodies:

Measure the ketone bodies daily in the first morning urine and indicate the result in the respective field. Only one value can be indicated.

➤ Physical and emotional well-being:

Evaluate your physical and emotional well-being on a scale reaching from 0 to 10. Please determine one value.

➤ Symptoms:

If you don't have any symptoms please tick no. If symptoms occurred please check the Yes-box and choose one or more symptoms that you have observed.

➤ Your today's well-being:

Evaluate your well-being by choosing one value between 0 and 5 for each statement.

Example: monday, 18.01.16

ketone bodies (mg/dl): 0 5 15 40 80 160

diet: 800 kcal 1.200 kcal 1.800 kcal

supplements: none fish

others: _____

digestive rest day: rice potato/vegetables

fruit others: _____

fasting: honey no yes

noon: juice (¼ l) no yes

vegetable soup (¼ l) no yes

evening: vegetable soup (¼ l) no yes

supplements: none Kousmine Kousmine vegan

yoghurt oatmeal soup

rice soup carrot juice

green tea black tea

others: _____

day of breaking the fast

building up day: 1 2 3 4

physical well-being:

very bad

0 1 2 3 4 5 6 7 8 9 10

excellent

emotional well-being:

very bad

0 1 2 3 4 5 6 7 8 9 10

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5



Lifestyle – before the stay

stress/relaxation level:

extreme
tension

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

total
relaxation

nicotine: none cigarettes/day:

none cigars/day:

alcohol: none beer: glasses (0,5 l)/week:

none wine: glasses (0,25 l)/week:

none spirits: glasses (2 cl)/week:

coffee: none cups/day:

media: none Smartphone (h/week):

none TV (h/week):

none PC (h/week):

exercise: none yes: h/week: ,

**Over the last two weeks
before coming to
Buchinger Wilhelmi...**

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 1 (arrival): _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 2: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 3: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 4: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 5: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 6: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 7: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 8: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 9: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 10: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 11: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath | <input type="checkbox"/> nausea |
| (ask the nurse) | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> back pain | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> hunger | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> cravings |
| <input type="checkbox"/> others: _____ | |

Today...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 12: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 13: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 14: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
 vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 15: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 16: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 17: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 18: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath | <input type="checkbox"/> nausea |
| (ask the nurse) | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> back pain | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> hunger | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> cravings |
| <input type="checkbox"/> others: _____ | |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 19: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath | <input type="checkbox"/> nausea |
| (ask the nurse) | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> back pain | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> hunger | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> cravings |
| <input type="checkbox"/> others: _____ | |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 20: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 21: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

Today...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5

Day 22: _____

ketone bodies (mg/dl): 0 5 15 40 80 160

- diet:** 800 kcal 1.200 kcal 1.800 kcal
supplements: none fish
 others: _____
- digestive rest day:** rice potato/vegetables
 fruit others: _____
- fasting:** honey no yes
noon: juice (¼ l) no yes
vegetable soup (¼ l) no yes
evening: vegetable soup (¼ l) no yes
supplements: none Kousmine Kousmine vegan
 yoghurt oatmeal soup
 rice soup carrot juice
 green tea black tea
 others: _____
- day of breaking the fast**
- building up day:** 1 2 3 4

physical well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

emotional well-being:

very bad

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

excellent

symptoms that occurred in the clinic: no yes

- | | |
|--|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> muscle pains |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bad breath
(ask the nurse) | <input type="checkbox"/> nausea |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> dry mouth |
| <input type="checkbox"/> back pain | <input type="checkbox"/> cramp in the calf |
| <input type="checkbox"/> sensitivity to cold | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> vertigo | <input type="checkbox"/> restless legs |
| <input type="checkbox"/> hunger | <input type="checkbox"/> obstipation |
| <input type="checkbox"/> skin rash | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> cravings |

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Questions at the end of your stay

- 1) Did you have a major health problem at the beginning of your stay?

no

yes, which one? _____

How did your major health problem evolve during your stay?

much worse

1	2	3	4	5	6	7
---	---	---	---	---	---	---

much better

- 2) During your stay you underwent a diet or a fasting therapy. How would you evaluate it:

it was a
nightmare

1	2	3	4	5	6	7
---	---	---	---	---	---	---

a fantastic
experience

- 3) If you compare your stay with a usual holiday, Buchinger Wilhelmi had:

a less
relaxing effect

the same
relaxing effect

a more
relaxing effect

- 4) The length of your stay was:

too short

just right

too long

- 5) In case you fasted, would you have wished to extend the length of your fast on the last day of fasting?

no

yes

Lifestyle – during the stay

stress/relaxation level:

extreme
tension

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

total
relaxation

nicotine: none cigarettes/day:

--	--

none cigars/day:

--	--

alcohol: none beer: glasses (0,5 l)/week:

--	--

none wine: glasses (0,25 l)/week:

--	--

none spirits: glasses (2 cl)/week:

--	--

coffee: none cups/day:

--	--

media: none Smartphone (h/week):

--	--

none TV (h/week):

--	--

none PC (h/week):

--	--

exercise: none yes: h/week:

--	--

,

--

Over the last
weeks...

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
...I have felt cheerful and in good spirits	0	1	2	3	4	5
...I have felt calm and relaxed	0	1	2	3	4	5
...I have felt active and vigorous	0	1	2	3	4	5
...I woke up feeling fresh and rested	0	1	2	3	4	5
...my daily life has been filled with things that interest me	0	1	2	3	4	5



The following questions are not indispensable for our scientific data collection but help Buchinger Wilhelmi to better target your needs:

Was the filling of this diary acceptable for you?

Do you have any suggestions for improvement?

Did your stay at Buchinger Wilhelmi fulfill your expectations?

To which extent will the stay influence your life?

Do you need help from our service “Feel well after Buchinger
Wilhelmi”? A nutritionist could assist you at home.

E-Mail: nutrition@buchinger-wilhelmi.com

Thank you very much and see you soon!

We will write an email to you after two weeks, three and
eleven months and hope to find you well.

Have a good trip back home!

Follow up Buchinger Wilhelmi