

Health Care Professionals on Intermittent Fasting and Their Perspectives

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ABSTRACT

Background: Multiple studies have shown the promising effect of intermittent fasting (IF) in reducing weight, managing blood glucose level, improving cardio-metabolic health, decreasing systemic inflammation and approach for cancer prevention. This study aims to survey why health care professionals (HCPs) are inclined to practice IF. The other objective is to explore the perception and experience of IF among HCPs.

Methods: It is a cross-sectional questionnaire based survey. The questionnaire includes open and closed-ended questions regarding knowledge, benefits and side effects; monitoring, perception and experience on IF by HCPs. Data are expressed in frequency and percentage.

Results: All HCPs are aware of the process, benefits and side effects of IF. Most of them (11/15) have adopted a balanced diet with 16:8 hour IF schedule. They are inclined towards IF because of its potential benefits for weight reduction and longevity. All of them are satisfied (100%) and 66.67% are happy with the results of IF. It decreased their weight by about 3-5 kg (IF: 3-4 months) to 8-15 kg (IF: 6-10 months), with variability among the participants. IF improved their food behavior, mood, confidence, and aesthetic appearance (7/15). A few participants (2/15) were able to manage their deranged lipid profile. Some of them encountered minimal side effects such as constipation and mild headaches. Lifestyle, work schedule, social gatherings, and family pressure were perceived as major hurdles for sustaining adherence to IF.

Conclusion: IF can reduce weight by about 3-5 kg in 3-4 months and 8-15 kg in 6-10 months. IF improves food behavior, elevates mood, enhances well-being, and boosts confidence and body appearance. Flexible scheduling, taking into consideration lifestyle, work schedule, social and family gatherings, may help in sustaining adherence to IF.

Keywords: Alternate fasting; Food behavior; Health workers; Intermittent fasting; Time-restricted eating; Weight reduction

INTRODUCTION

Globally, it is known that health care profession is high stake and stressful job. Health care professionals (HCPs), such as doctors, nurses, or technicians, have hectic schedules in their work place and often experience sleep deprivation. During clinical duty hours, they may not have enough time for a proper meal and end up working on an empty stomach. Despite the demanding

schedule and workload, they need to maintain good health. However, the hectic schedule and other factors create barrier to maintaining their health. Having a planned exercise routine, nutritious food, sleep, and a stress-free environment is rarely available to HCPs. Recently, it has been reported that factors such as age, eating habits, monthly income, hypertension, and diabetes mellitus¹ and lack of proper meals have led many HCPs to gain weight². Nowadays, many people, including HCPs, are adopting intermittent fasting (IF) to reduce weight and maintain their health.

Intermittent fasting involves having no energy

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intake for an extended time period of 12-18 hours³, with feeding window more or less than 8 hours⁴ on a recurring basis. It is becoming a popular dietary plan across the globe due to achievable advantages. The major advantage is weight reduction. While there are different methods of weight loss, IF has shown clinically significant weight reduction^{5,6,7}. Apart from weight loss, IF has been shown to improve cardio-metabolic health (blood pressure, insulin resistance, markers of oxidative stress, and reduce triglycerides⁶) in obese individuals^{5,8}. IF has shown promising effects in reducing risk factors associated with the development of cardiovascular diseases and preventing hypertension⁹. Furthermore, IF has been considered a way to prevent cancer in adults by maintaining weight¹⁰. In addition, it has a role in decreasing systemic inflammation in the body¹¹ and can affect some aspects of cognitive functions¹². Additionally, even glycated hemoglobin levels were reduced in Type 2 diabetes mellitus⁷. Despite its benefits, there are some adverse effects of IF, such as vitamin deficiencies and loss of fat-free mass¹³. Similarly, other side effects while a person is on an IF regimen include headache, lethargy, mood swings, dizziness and polyuria¹⁴. Furthermore, it has been mentioned that IF develops dysregulation of hormone that decrease androgens markers¹⁵, increase the level and frequency of cortisol secretion, and decreases thyroid hormone (T3)¹⁶ in the body. Despite many side effects, the crucial benefit of IF might have attracted HCPs to fast intermittently. However, there are other ways of maintaining health, such as exercise, behavior change, diet plan, and even lifestyle modifications. Therefore, this study aims to investigate why HCPs have inclined towards IF as one of the means to maintain their health. Furthermore, the other objective is to explore the perception and experience of HCPs engaged in IF.

METHODS

This study is a questionnaire based survey conducted from September 27, 2023 to April 2, 2024. Health care professionals employed in a hospital were included in the study including doctors, nurses, technologists/technicians, and medical staffs. The study excluded non-medical and cleaning staffs. The study site was the medical college in Rupandehi, Nepal. The study utilized

purposive sampling technique.

Selection of the participants: Adult participants aged over 30 years, both male and female, were included in the study. Individuals practicing IF for more than 12 hours with an eating window of less than 10 hours per day were selected. Furthermore, only individuals who had been practicing IF for more than 4 weeks were included in the study. Additionally, we set inclusion criteria even for the person suffering from diabetes, cardiovascular diseases, musculoskeletal diseases, and or metabolic diseases but performing their duties regularly and practicing IF. However, upon initial screening, none of them were found to be suffering from any systemic illnesses. Participants suffering from psychiatric or severe illnesses, those following other dietary plans like keto-diet, pregnant women and lactating mothers were excluded from the study.

Questionnaire construction and administration: A self-designed questionnaire was prepared after rigorous review of the literatures^{3-8,14} and with input from experts to ensure content validity. A pretest for face validity of the questionnaire was conducted to verify its construct and content validity. Ambiguous questions were reframed and reconstructed. The futile questions were discarded. The questionnaire consists of 17 questions divided into two sections. Section A, with six questions (1-6) regarding knowledge about IF and how participants have implemented or practiced IF in their daily routine and, section B, with eleven questions (7-17) regarding the monitoring of IF, perception, and experience of HCPs during their IF period.

Data Collection

The questionnaire was provided to the HCPs and administered by the investigator. Through interviews the form was filled. It involved one-time recording of data without follow up. Data confidentiality was maintained, and the data were stored in a password-protected device. It is a qualitative data therefore frequencies or percentages were used for data expressions. For open ended questions, data were categorized theme-wise and expressed in percentages.

RESULTS

The participants ranged in age from 30 to 45 years. Both males (5) and females (10) were included in the study. Participants had varying body mass index: normal (4/15), overweight (9/15), and obese (2/15). None of them were suffering from diabetes or cardiovascular diseases. However, two

participants were suffering from plantar fasciitis, which was the reason for starting the IF.

Section A: Knowledge and Practice of Intermittent Fasting

Q. 1. What is intermittent fasting? What are its benefits and side effects?

All of the participants were able to answer that IF is done with a fasting period of 16 hours and a feeding period of 8 hours, intermittently. Some of them are quite aware of its benefits, such as its helpfulness in weight reduction in normal, prediabetes, or diabetic patients and its role in maintaining lipid profiles. Some participants are also aware of its side effects and mentioned some of them, such as gastritis, a rise in uric acid level, headache, low blood pressure, fainting, hormonal dysregulation and changes in bowel habits, and constipation.

Reasons to perform IF and duration of IF:

Most of the participants were practicing IF for multiple reasons. Primarily, all of them started IF to reduce weight and some of them, along with the goal of weight reduction, were practicing IF for its potential longevity benefits, to prevent health problems/issues, and to reduce the risk of cardiovascular diseases, table 1. Out of 15 participants, four to six were able to complete IF for two to four months. Few participants (5/15) extended their IF for more than 4 months table 1. Most of the participants (11/15) followed a 16:8 hours IF regimen, while a few participants (4/15) followed a 17-18 hour fasting period and managed their short feeding window accordingly. The maximum weight loss observed was 15 kg (IF done for 10 months), and the minimum weight loss was 3 kg (IF done for 3 months). Most of the participants (7/15) adopted a balanced diet in their feeding window, whereas some (5/15) of them adopted a carbohydrate restricted diet with proteins, fats, vitamins and minerals.

Pattern of weight loss: In most individuals, a weight reduction of 3-5 Kg was possible within around 1-4 months, table 2. On the other hand, individuals who consistently performed IF for longer durations with longer faster windows showed drastic reduction in weight. Within six months, some individuals were able to reduce their weight by about 8-9 kg, table 2. However, initially, these individuals experienced a higher rate of weight loss for a few months. Later, after 4-5 months of IF, they were able to lose weight at a rate of one kg per month. Once they consistently increased the duration of fasting months, the process of reduction was delayed. In a few participants, weight reductions of 7 kg and

10 kg were possible in 1.5 months and 4 months, respectively. This might be due to the fasting period they adapted, which was at higher value, i.e. 17-18 hours, and a feeding period of less than seven hours, table 1 and table 2.

Table 1: Knowledge and Practice of Intermittent Fasting

Questions	No (%)
Why have you started doing intermittent fasting? (multiple responses)	
To manage weight	15 (100%)
To maintain body appearance (aesthetic)	7 (46%)
Due to potential longevity benefits	7 (46%)
Due to health problem/issues: mention it	5 (33%)
To reduce risk of cardiovascular diseases	5 (33%)
How long have you performed intermittent fasting?	
1-2 months	6 (40%)
3-4 months	4 (26.67%)
6 months	4 (26.67%)
10 months	1 (6.67%)
Fasting period:	
16 hours	11 (73.33%)
>16 hours (17-18 hours)	4 (26.67%)
Feeding period:	
8 hours	11 (53.33%)
7 hours	1 (6.67%)
<7 hours (5-6 hours)	3 (20%)
Average Weight Loss: (initial weight minus weight after IF)	
3Kg	5 (33.33%)
5 Kg	4 (26.67%)
7Kg	2 (13.33%)
8Kg	1 (6.67%)
9Kg	1 (6.67%)
10Kg	1 (6.67%)

15Kg	1 (6.67%)
Diet Plan for feeding window:	
Balanced diet	7 (46.67%)
Balanced diet but avoiding sugary drinks, sweets, tea and coffee	2 (13.33%)
Carbohydrate restricted diet with proteins, fats, vitamins and minerals	5 (33.33%)
Balanced diet with dietary supplements (calcium, iron, vitamin B12, and vitamin B complex)	1 (6.67%)

Table 2: Pattern of weight loss of individuals and duration of fasting in months

Average weight loss	Number of individuals	Duration of IF in months
3Kg	5	one month to 3 months or six months
5 Kg	4	2 - 4 months
7 Kg	2	1.5 months or 3 months
8 kg	1	6 months
9 Kg	1	6 months
10 Kg	1	4 months
15 Kg	1	10 months

Section B: Monitoring health status and experience on IF

Signs and Symptoms: Headache and constipation were the major signs and symptoms experienced by the participants during IF, table 3. Furthermore, other signs and symptoms included oral ulcers, dizziness and irritability. Some (5/15) of the participants monitored their health status by conducting blood tests for plasma glucose level, cholesterol and lipid profile before and during the IF.

Laboratory and blood parameters analyzed:

A few (3/15) participants measured their triglycerides (TG) levels before and during IF. Out of the three, two had deranged high levels of triglycerides (230 mg/dl and 255 mg/dl) before IF, which later normalized (140 mg/dl within 6 months and 144 mg/dl within 3 months) during IF. One individual has normal TGs before and during the IF. Some individuals also assessed their blood glucose levels, heart rate, blood pressure, and blood cholesterol levels before and during IF.

In both conditions, all parameters were within the normal range.

Psychological perception and benefits experienced: Most of the participants (10/15) felt mentally satisfied, experienced a sense of well-being and felt happy while doing IF. A few of them felt confident, refreshed, and experienced positive vibes (being hopeful in reduction of weight and sense of positive energy). A few participants felt increased flexibility in their bodies and were satisfied with wearing better-fitting clothes. Others mentioned that IF improved their alertness, increased their energy levels and promoted healthier food behaviors, leading to sound sleep. One participant experienced reduced cravings and limited calorie intake within the normal range, thus preventing overeating.

Table 3: Monitoring health status and Experience on intermittent fasting

Questions	No (%)
Intermittent fasting progress monitoring (multiple response)	
Weighing machine	15 (100%)
Testing blood sugar level	1 (6.67%)
Measuring blood cholesterol	1 (6.67%)
Assessing lipid profile	3 (20%)
Measuring heart rate and blood pressure	4 (26.67%)
Signs and Symptoms experienced during IF (multiple response)	
Headache (mild)	5 (33.33%)
Fainting	0 (none)
dizziness	2 (13.33%)
Poor mentation/irritability	1 (6.67%)
Lower back pain	0 (none)
Muscle loss	0 (none)
Constipation	6 (40%)
Skeletal muscle pain	0 (none)
Any other: oral ulcers	1 (6.67%)
No sign and symptoms	5 (33.33%)
Achieved the target goal	
Yes	4 (26.67%)
On process	11 (73.33%)
No	0 (none)
Satisfaction with the results (Yes)	15 (100%)
Continuing Intermittent fasting: now or in future (Yes) (reason: for mental well-being, weight reduction and health benefits)	15 (100%)
Recommending others to do intermittent fasting	
Yes (reason: reduction in weight, easy to manage and health benefits)	11 (73.33%)

Unsure	4 (26.67%)
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Hurdles encountered and managed: Many participants encountered hurdles during IF, such as, lifestyle and work schedule (8/15), family pressure to eat (3/15), hunger and cravings (4/15), overeating during the feeding window (1/15), consistency (3/15), social pressure to attend parties and gatherings (4/15), and food displays in stores/mart and on social media (1/15). They tried to manage these hurdles by avoiding parties, designating a cheat day (to address cravings), and managing their work schedules, among other strategies. Despite facing many hurdles, all participants expressed satisfaction with the results and are willing to continue IF to achieve their goals (11/15). Additionally, most of them (11/15) even recommend IF to others by concurrently monitoring their health status, table 3.

DISCUSSION

Intermittent fasting is a growing approach to weight reduction among the population. It is a method of adopting fasting for longer durations (>16 hours) and feeding of shorter durations (<8 hours). It is a form of time restricted diet plan. This study was designed to find out the knowledge and inclination of HCPs towards IF. Additionally, it aimed to document the perception and experience of IF among HCPs.

We found that most of the HCPs are aware of the IF procedure and know some of its benefits and side effects of IF. The benefits mentioned by them were such as weight reduction in normal, prediabetic or diabetic patients and maintained lipid profile. Some of them also stated side effects of IF such as gastritis, a rise in uric acid levels, headache, low blood pressure, fainting, hormonal dysregulation and changes in bowel habits, and constipation. However, it has been noted that there are additional side effects of IF such as dehydration, hypoglycemia, insomnia, hypotension¹⁷, vitamin deficiencies, loss of fat-free mass¹³, lethargy, mood swings, dizziness, polyuria¹⁴, an increase in the level and frequency of cortisol secretion, and a decrease in thyroid hormone (T3)¹⁶ in the body.

We found multiple reasons to practice IF among

the participants. The first main reason was to reduce weight for having better aesthetic/body appearance (7/15). The reason is similar to the other study done in India¹⁸. Furthermore, the other reasons were such as due to potential longevity benefits of IF (7/15), preventing health problems/issues and reducing the risk of cardiovascular diseases (5/15). It is similar to other studies done in adolescents mentioning the major motivations for weight reduction were to achieve better health, body appearance, develop self-esteem, and avoid bullying¹⁹.

In our results, a few participants (5/15) were able to extend their IF for more than 4 months. Most participants (11/15) followed a 16:8 hours IF regimen, while a few (4/15) followed 17-18 hour fasting period and managed their short feeding window accordingly. The maximum weight loss was 15 kg (IF done for 10 months), and the minimum weight loss was 3 kg (IF done for 3 months). It is evident that IF significantly reduces weight compared to baseline values in overweight/obese person^{20,21}, supporting our results. A novel aspect of our study was to explore the pattern of average weight loss over the duration of IF per month. In most individuals, a weight reduction of 3 kg to 5 Kg was possible within approximately 1- 4 months, table 2. Moreover, one participant, initially weighing 95 Kg (fasting for 17 hours), lost around 7 kg in 1.5 months. However, in a pilot study with older adults aged 65, the mean weight loss was 2.6 Kg in one month of IF²². Additionally, we found that individuals who consistently adhered to IF for longer durations (6 to 10 months) of IF with longer fasting periods (more than 17 hours) showed drastic reductions in weight. Within six months, some individuals were able to reduce weight by about 8-9 kg. However, initially, these individuals experienced a higher rate of weight reduction for a few months. Later, after 4-5 months of IF, they were able to lose weight at a rate of one kg per month. Once fasting months were consistently increased, the rate of weight loss slowed compared to initial months. Thus, in the initial phase of 1-4 months, there was variability among individuals in weight loss, with an average loss of 3-5 kg. Later, after 4 months of IF, the rate of weight loss was 1 kg/month as compared to the initial phase. Contrary to our results, it has been mentioned that long-term weight loss with a

low carbohydrate diet plan was not significant in obese individuals after 10 -14 months²³. It might be due to the methodological differences between the studies. Our study is based on IF, whereas the other studies were based on a low carbohydrate diet plan without IF. However, this implies that in the initial phase, weight reduction will be better than in the later phase whether the person follows a long-term low carb diet plan or IF. The satisfying possible mechanism for weight reduction was linked with the adjustment or modification of the circadian rhythm. The most of the physiological responses of the human body are controlled by the suprachiasmatic nucleus, a regulatory center for circadian rhythm. It regulates the sleep/wake cycle, prepares the body for environmental stress, regulates hormone, and determines times to eat²⁴. Therefore, weight reduction in IF (where the time of feeding and fasting is determined) might be its effect on suprachiasmatic nucleus, modifying the circadian rhythm.

In our study, most of the participants (7/15) adapted a balanced diet in their feeding window, whereas some (5/15) of them adapted a carbohydrate restricted diet with proteins, fats, vitamins and minerals. The probable reason for the greater weight loss (7 kg or 10 kg) in a few individuals might be due to the adaptation of a carbohydrate restricted diet, avoiding sweets and fasting for 17 to 18 hours. It has been reported that a low carbohydrate diet rich in proteins significantly reduces weight as compared to a balanced diet, either at 3 to 4 months or 6-8 months²³, in accordance with our results.

Headache and constipation were the major signs and symptoms experienced by participants during IF. A few of them also experienced oral ulcers, dizziness and irritability. This is similar to other studies which show minimal side effects of IF¹⁴. We found that many participants encountered certain hurdles during IF, such as lifestyle and work schedule, family pressure to eat, hunger and cravings, overeating during the feeding window, consistency, social pressure in attending parties, and food displays in stores and on social media. However, they overcame these hurdles by avoiding going to parties, maintaining one day as a cheat day to avoid cravings (on weekends), and trying to manage their work schedule. Despite many

hurdles, all participants expressed satisfaction with the results and were willing to continue IF to achieve their goals (11/15). Other studies have shown that the consistency in adhering to IF is quite difficult among people and is mostly affected by lifestyle, behavioral factors²⁵, hunger, daily stressors and emotions¹². This suggests that sustaining adherence to IF can be possible by flexible scheduling of IF and work schedules²⁶ and managing the social and family activities^{25, 26}.

Looking at the benefits of IF, we found that two participants had initially deranged high levels of triglycerides (230 mg/dl, and 255 mg/dl) before IF which later normalized (140 mg/dl within 6 months and 144 mg/dl within 3 months) during IF. A meta-analysis has concluded that IF can decrease the triglycerides levels⁶. Some trials have shown that IF improves the lipid profile by raising the HDL²⁷ and may protect against cardiovascular diseases. On the other hand, we found that those who monitored their blood glucose level, heart rate, blood pressure, and cholesterol level found no significant differences (i.e., within normal range) in their level before and during IF. Contradictory to our findings, some studies mention that IF can decrease blood glucose levels and systolic blood pressure (Wang et al, 2022)²⁸ but no change in cholesterol level, heart rate and lipid levels. However, there are studies showing that IF reduces the risk of cardiovascular diseases even in non-obese and healthy individuals²⁹. It also reports that the IF improves aging markers by reducing low density lipoproteins, and progressing fat to lean ratio. Therefore, similar to a review³⁰ conducted in 2023, we mention that based on data from two individuals, it is really hard to draw conclusions regarding triglycerides. For more conclusive results, there is a need for more research on a larger population with proper monitoring of IF for longer duration (many years). However, it is a challenging task to adhere individuals to a certain diet plan or IF for longer durations.

Furthermore, most participants (10/15) reported feeling mentally alert, satisfied, and experiencing overall well-being and happiness while practicing IF. Few of them also expressed feeling confident, refreshed and experiencing positive vibes. This is in accordance to a study, which shows 85% of participants' perceived happiness on the results of

IF¹⁴. Moreover, some participants felt increased flexibility in their body and expressed satisfaction in wearing fitted clothing. Others felt energetic because they were able to have healthy food behavior during feeding period which promoted them to achieve a sound sleep, similar to other studies³¹.

Most (11/15) of them recommend IF as a means through which people can improve their health and well-being. On the other hand, some of them, even after achieving health benefits through IF, were not certain about recommending IF to others. They do not suggest blindly following IF without understanding its side effects and the hurdles to manage at the work place. Furthermore, all of the participants practiced morning fasting. They started their fasting period in the evening around 19:00 to 20:00 and continued until mid-day lunch hour, with an eating window between 12:00 to 19:00. However, evening fasting (i.e. eating window 8:00 to 16:00) was considered to be the most efficacious way to implement IF³². Therefore, it appears that weight reduction is possible without calorie counting through IF. However, choosing the fasting time and recommending IF as prescriptions to patients require further extensive research.

The possible shortcomings of this study could include a small sample size. This study is not a planned randomized controlled trial. We collected information from those who are undergoing IF on their own volition. Our objective is to understand why some HCPs are inclined to practice IF. We did not persuade HCPs to practice IF for our research purposes because it is their choice to fast. Additionally, the lack of sufficient evidence and studies supporting beneficial effects of IF hinders us from recommending it to others. We were unsure about the benefits and side effects of IF, which could potentially impact their health and work status. Therefore, the study design has limited our sample size. Furthermore, other limitations of our study could be the data that were based on one-time frame recordings when participants were on IF. We have not followed up on data on the same individuals over the years. Therefore, further follow-up of participants and monitoring their health status and experience might provide more conclusive results for the

study.

Nevertheless, our study provides significant outcomes for the general population. There was a notable weight loss in all individuals within 1.5 months due to IF. Furthermore, we documented the pattern of weight loss among participants at different durations of IF. This study also shed lights on the perception of HCPs regarding IF. Some have recommended it to others for maintaining their health and well-being. Therefore, this study might offer insights to others when considering IF for weight reduction or for other health benefits. However, in the future, more studies are required to generalize the results. Studies could be conducted with larger sample sizes and diverse study populations (including different ages, race, professions, and individuals with obesity or diabetes). Additionally, follow up data, and comparisons of laboratory reports before and after IF could provide better insights into the effects of IF on health. This is a growing area with room for many studies and conclusive findings can be used in prevention and therapeutic effect in managing many diseases such as obesity, diabetes, metabolic syndrome and many other systemic illnesses.

CONCLUSION

To sum up, HCPs managed to continue IF and achieved their goals with weight reduction of about 3-5 Kg in 3-4 months to 8-15 Kg in 6-10 months. They perceived improvement in their food behavior, mood elevation, and development of confidence. They are inclined to practice IF because of its benefits, such as weight reduction, managing cardiovascular risks, and improving body appearance and potential longevity. Some participants found it difficult to sustain adherence to IF for longer durations, citing work schedule, social gatherings, and family pressure as major hurdles.

Conflict of Interest: None

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ANNEX

Section A: Knowledge and practice of intermittent fasting

Questions		Responses
1.	What do you know about intermittent fasting? What are its benefits and side effects that you know? Fill out.	Benefits of IF: Side Effects IF:
2.	Why have you started doing intermittent fasting? (can choose multiple responses)	1. To manage weight 2. To maintain body appearance (aesthetic) 3. Due to potential longevity benefits 4. Due to health problem/issues: mention it: 5. To reduce risk of cardiovascular diseases 6. Any other mention:
3.	How long have you performed intermittent fasting?	Mention in months:
4.	What is the duration of fasting and feeding period for your intermittent fasting? Mention in hours (hrs).	Fasting period: Feeding period:
5.	Mention the total weight (Kg) that you have lost after intermittent fasting? (initial weight-weight after intermittent fasting):	1. Average weight loss 2. Pattern of weight loss From initial months to last date of IF (Months and achieved weight loss):
6.	What type of food/diet have you applied during feeding period of intermittent fasting?	1. Balanced diet (calories: carbohydrates (cereals, potatoes), proteins (Meat, eggs, pulses), fats (dairy products or other), vitamins and minerals (fruits, vegetables, etc) 2. Balanced diet with dietary supplements (calcium, iron, vit. B12, vit. B complex etc.) 3. Carbohydrate restricted diet with proteins, fats, vitamins and minerals 4. Carbohydrate restricted diet with dietary supplements Any other diet plan that you have applied:

Section B: Monitoring, Perception and Experience on IF

7.	How have you monitored your progress or results with intermittent fasting? (can mark multiple responses)	1. Weighing machine 2. Testing Blood sugar level 3. Measuring Blood cholesterol 4. Assessing Lipid profile 5. Measuring blood pressure and heart rate Other specify
8.	What are the physiological and or blood parameters that have changed on your laboratory investigation? (If you have performed any lab test: mention before and after results on intermittent fasting)	Blood pressure: Heart rate: Blood glucose level: Triglycerides/Lipid profile: Hormone level: Any other:

9.	What signs and symptoms have you experienced while doing intermittent fasting? (Can choose multiple responses.)	1. Headache 2. Fainting/dizziness 3. Poor mentation/irritability 4. Lower back pain 5. Muscle loss 6. Constipation 7. Skeletal muscle pain (specify)..... 8. Any other (please specify)
10.	What benefits have you experienced during intermittent fasting?	Write down: Physical: Psychological: Any other:
11.	Have you achieved your goal of doing intermittent fasting?	Yes On process No Why:
12.	Are you satisfied with the results so far?	Yes No
13.	What are the hurdles to continue intermittent fasting? (can mark multiple responses)	a. Social pressure (e.g; parties, friends gatherings) b. Overeating during feeding window c. Lifestyle and work schedule d. Family pressure to eat e. Hunger and cravings f. Consistency g. Any other specify
14.	How do you manage the hurdles to continue intermittent fasting?	a. Avoid going parties b. Manage work schedule c. Control hunger and cravings d. Maintain via cheat day (eating on cravings or family pressure) e. Any other (please specify)
15.	Do you want to continue intermittent fasting? Give reason either Yes or No.	Yes reason No reason
16.	Do you recommend doing intermittent fasting for others?	Yes reason Unsure reason No reason
17.	Any other comments or remarks/ responses	Mention: