

**Behavioral Characteristics and Self-reported Health Status Among 2029 Adults Consuming a  
“Carnivore Diet”**

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**Online Supplementary Material**

**Supplemental Tables 1-5**

**Supplemental Figure 1**

**Survey Instrument**

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**Supplemental Table 1. Perceived Symptoms of Nutritional Deficiency or other adverse effects.**

Symptom, n=2029	Prevalence	Incidence
	stable / improved, %	new / worsened, %
<b>Integument</b>		
Dry skin	13.1	1.4
Itchiness	6.7	1.1
Other skin problems	8.3	0.8
Brittle fingernails	4.5	1.0
Other nail abnormalities	3.8	0.6
Hair loss / thinning	9.0	1.9
Other hair abnormalities	0.7	0.2
Swollen or bleeding gums	2.6	0.3
Tongue swelling	0.6	0.1
Mouth sores	1.9	0.1
Loose teeth	1.2	0.1
Dry or itchy eyes	6.4	1.0
<b>Musculo-skeletal</b>		
Muscle cramps or spasms	8.4	4.0
Muscle, joint or bone pains	11.0	0.6
Muscle weakness	3.1	0.3
Bone Fractures	0.2	0.1
<b>GI</b>		
Constipation	9.4	3.1
Diarrhea	13.7	5.5
Gas / bloating	10.6	0.5
Heart burn / Reflux	6.2	0.5
Stomach cramps	3.4	0.5
<b>Constitutional</b>		
Fatigue / low energy	10.7	0.7
Insomnia	9.6	1.7
Dizziness	3.3	0.6
Menstrual Irregularity	2.2	1.0
Weight-gain, unintended	6.8	2.3
Weight-loss, unintended	0.7	0.7
<b>Neuro-Psych</b>		
Depressed mood	7.7	0.1
Headaches	8.0	0.6
Concentration, poor	6.0	0.3
Forgetfulness	4.7	0.3
Confusion	2.0	0.3
Numbness or tingling	4.6	0.5
Night blindness	1.2	0.2
Seizures	0.1	0.1
<b>CV / Heme</b>		
Changes in heart rate	3.8	1.1
Coagulation issues	1.0	0.3
Pallor, lethargy, dyspnea	1.9	0.1
Hypertension	3.2	0.2
<b>Other</b>		
Goiter	0.3	0.1
Nephrolithiasis	0.6	0.2
Frequent Infections	2.5	0.1
Wound healing	1.9	0.3
Other	2.8	0.6

Abbreviations and Footnotes: Participants were asked if they had experienced any of the symptoms within the past 3 months. Positive respondents were then asked to rate the severity of each condition relative to the time before starting the carnivore diet on a 5-point scale. Responses were grouped as stable / improved / unchanged or worsened / new.

**Supplemental Table 2. Frequency of Intake of Additional Food Items**

Food Class	N.	Intake Frequency (%)							
		Each meal	≥ Daily	> Weekly	Weekly	> Monthly	Monthly	< Monthly	Never
Bone or cartilage	2011	0.5	1	7	6	9	9	16	51
Bone broth	2021	0.9	5	13	8	13	12	21	27
Bone marrow	2012	0.3	0.7	5	5	10	12	27	40
Insects	2016	0.1	0.0	0.1	0.1	0.2	0.1	4	96
Breaded and fried fast food meats	2019	0.0	0.0	0.1	0.5	1	2	9	87
Condiments	2006	0.7	1	8	4	8	8	17	53
Herbs/spices	2016	7	14	19	5	10	8	15	21
Coffee	2024	8	49	10	2	3	2	4	24
Tea	2017	2	10	10	4	6	6	10	51
Alcohol - Low carb beers / seltzers	2008	0.0	0.1	1	0.7	2	2	8	86
Alcohol - Beer	2002	0.0	0.2	1	1	2	2	10	83
Alcohol - Spirits	2017	0.1	0.5	5	5	7	7	20	55
Alcohol - Wine	2016	0.1	1	5	6	5	7	18	57
Desserts	2022	0.1	0.1	0.8	2	3	5	15	75
Candy & milk chocolate	2014	0.1	0.1	0.8	1	2	3	12	81
Dark chocolate	2017	0.1	3	7	4	7	7	21	52
Electrolyte supplements	2014	2	15	9	2	5	2	6	59
Other supplements	2006	2	10	4	1	2	1	4	75

< 1%    1-4%    5-9%    10-19%    20-39%    40-69%    ≥ 70%

Abbreviations and footnotes: Participants were asked to report intake frequency of the listed food groups and items on a 8-point scale (each meal to never). For visualization, response frequencies are color coded dark grey if ≥70%, with increasing brightness if 40-69%, 20-39%, 10-19%, 5-9%, 1-4% and < 1%.

**Supplemental Table 3. Food and Care Habits**

<b>Characteristics</b>	<b>No. Responses</b>	<b>Finding, No. (%) or Median (Q1, Q3)</b>	<b>Range</b>
<b>Daily eating occasions</b>	2026		
<1		32 (2)	
1		344 (17)	
2		1304 (64)	
3		316 (16)	
≥4		30 (1)	
<b>Meat Choices</b>			
<b>Fat content</b>	2026		
High		1233 (61)	
Moderate		758 (37)	
Lean		35 (2)	
<b>Type of Beef</b>	2015		
100% grass finished		252 (13)	
Predominantly grass finished		663 (33)	
Predominantly grain finished		890 (44)	
100% grain finished		210 (10)	
<b>Preparation</b>			
<b>Doneness</b>	2028		
Raw		40 (2)	
Rare		588 (29)	
Medium rare		922 (45)	
Medium		305 (15)	
Medium well		119 (6)	
Well done		54 (3)	
Consume all meat juices	2024	1458 (72)	
<b>Salt target</b>	2024		
Low salt intake		65 (3)	
Medium salt intake		396 (20)	
High salt intake		721 (36)	
No specific target		842 (42)	
<b>Bowel movements</b>	1988		
More than 3 times a day		12 (0.6)	
2-3 times a day		181 (9)	
Once a day		918 (46)	
At least every 3 days		673 (34)	
At least weekly		191 (10)	
Less than weekly		23 (1)	
<b>Ketone measurement method</b>	830		
Blood		222 (27)	
Urine		82 (10)	
Breath		30 (4)	
Not checked		496 (60)	
<b>Blood Ketones</b>	210	1 (0.5, 1.6)	0-5.8
<b>Urine ketones</b>	82		
neg		2 (2)	
trace		13 (16)	
small		26 (32)	
moderate		36 (44)	
large		5 (6)	

Abbreviations and footnotes: Q1, 1<sup>st</sup> quartile, Q3, 3<sup>rd</sup> quartile.

**Supplemental Table 4. Anthropometrics and Laboratory Studies reported by People with Diabetes**

	N. current / pre /pairs	Current <sup>a)</sup>			Pre-Diet <sup>a)</sup>		
		N (%) / Median	Q1	Q3	Median	Q1	Q3
Diabetes Type	262						
T1DM		61 (23)					
T2DM		186 (71)					
Not Specified		15 (6)					
Age	260	52 *	41	59			
Weight, kg	214 / 179 / 165	82 * **	71	91	95 *	80	113
BMI, kg/m <sup>2</sup>	210 / 176 / 163	26.0 * **	23.7	28.7	30.8 *	26.4	35.6
Medications, n	251 / 250 / 249	0 * **	0	1	1 *	0	4
TC, mg/dl	71 / 61 / 48	253 **	211	305(328)	214	177	237
LDLc, mg/dl	71 / 59 / 46	169 ** (183)	129	231(250)	135	102	160
HDLc, mg/dl	71 / 61 / 48	66 **	50	83	56 (50)	43(39)	66(61)
TG, mg/dl	71 / 61 / 48	74(80) **	60	108	109 *	68(81)	141(151)
HbA1C, %	66 / 57 / 43	5.5 * **	5.1	5.7	5.7 *	5.4	6.7(7.3)
CRP, mg/dl	31 / 9 / 9	0.6(0.9)	0.3	1.6(1.4)	1	0.4	1.5
Cr, mg/dl	66 / 50 / 43	0.9	0.7	1.1(1)	0.9	0.8	1
ALT, U/L	51 / 45 / 34	24(22.5)	18	33	27	18(16)	36
AST, U/L	46 / 39 / 30	22	17	26	21	17	27
GGT, U/L	19 / 12 / 9	20	13(15)	24(26)	20	15	27(24)
CAC	16 / 9 / 3	0(401)	0(85)	243(406)	26(182)	1(0)	182

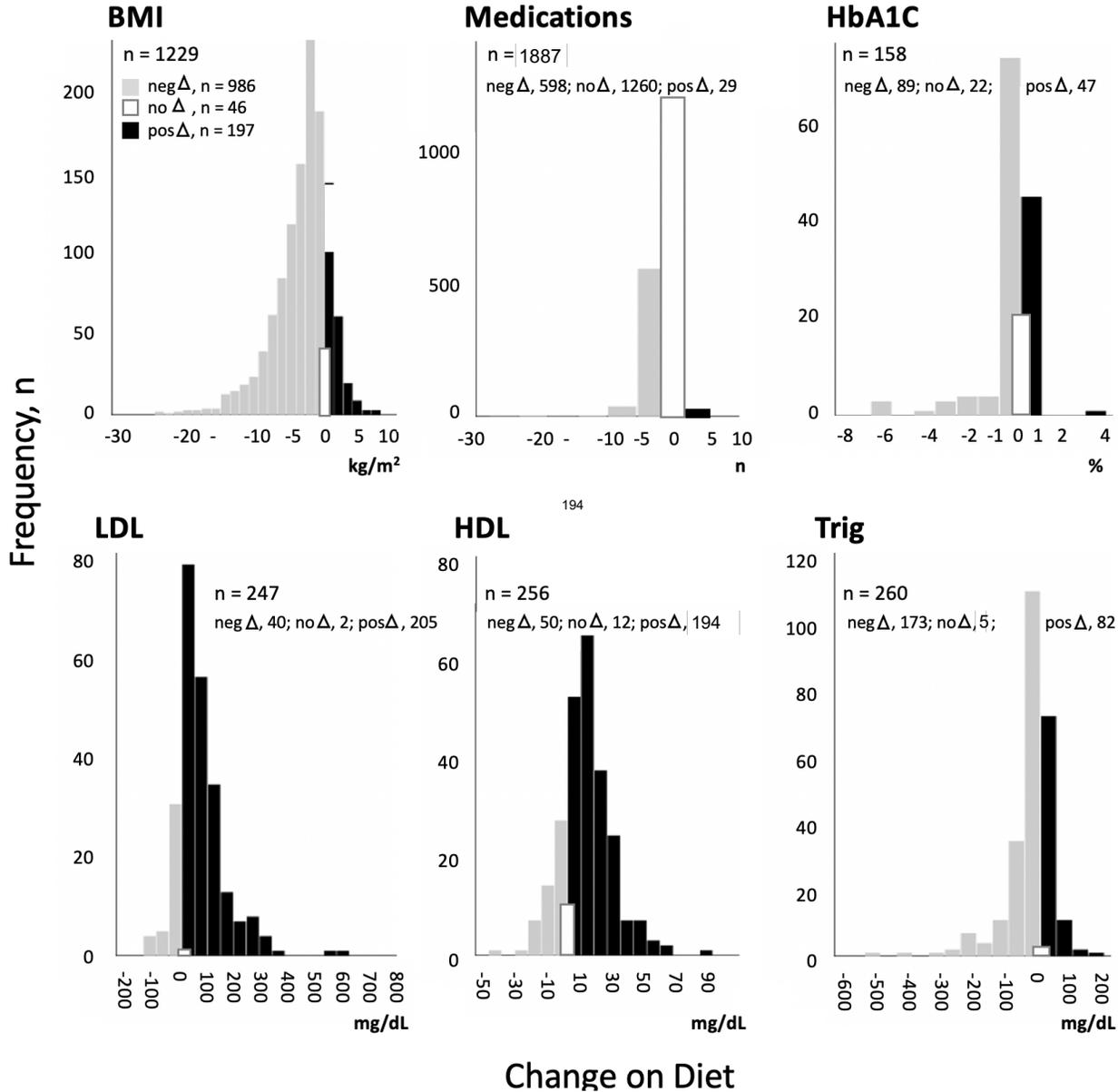
Abbreviations and Footnotes: a) Median and quartiles are given for the entire sample, and in parenthesis for participants with available pre- and post- diet measures (pairs) when > 5% discrepant. \* significantly differs from group without diabetes, p<0.01 \*\* significantly differs from pre-diet, paired p<0.01. Abbreviations: Q1, 1st quartile; Q3, 3rd quartile; T1DM, type one diabetes mellitus; T2DM, type two diabetes mellitus; BMI, body mass index; TC, total cholesterol; LDLc, low-density lipoprotein cholesterol; HDLc, high-density lipoprotein cholesterol; CRP, c-reactive protein; Cr, creatinine; TG, triglycerides; HbA1C, hemoglobin A1C; ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma glutamyltransferase; CAC, coronary artery calcium score.

## Supplemental Table 5. Satisfaction / Support

	<b>N. Responses</b>	<b>N. (%)</b>						
Discusses diet with medical provider.	1900	779 (41)						
		<b>Not at all</b>	<b>Not</b>	<b>Neutral</b>	<b>Yes</b>	<b>Very</b>		
Satisfaction with diet	1899	0.1	0.2	1	13	85		
Medical provider Supportive of diet	778	9	20	40	21	10		
Family / Friends Supportive of diet	1902	3	18	38	32	10		
		<b>Very negative</b>	<b>Negative</b>	<b>None</b>	<b>Positive</b>	<b>Very positive</b>		
Social impact	1903	0.6	17	68	10	5		
		< 1%	1-4%	5-9%	10-19%	20-39%	40-69%	≥ 70%

Abbreviations and footnotes: Participants were asked to rate their satisfaction, perceived support and social impact of the carnivore diet on a 5-point scale. For visualization, response frequencies are color coded dark grey if ≥70%, and in increasing brightness if 40-69%, 20-39%, 10-19%, 5-9%, 1-4% and < 1%.

**Supplemental Figure 1. Changes in Reported Anthropometric and Laboratory Data.**



**Legend:** Plots represent frequency (n) over magnitude (units) of paired changes in metabolic parameters (Wilcoxon plot). Data pairs with negative change are plotted as grey-, no change as open- and positive change as black- bars. The number of result pairs is given in total (n), as well as for negative-, no- or positive changes in each panel. Δ, difference. Number of medications was assessed by asking participants how many different medications were taken currently and prior to starting the carnivore diet. Medication type or dose were not assessed.





Alcohol - Wine	<input type="radio"/>							
Alcohol - Regular carbohydrate beer	<input type="radio"/>							
Alcohol - Low carbohydrate beer, alcoholic seltzer	<input type="radio"/>							
Alcohol - Spirits (e.g. vodka, rum, gin, whiskey)	<input type="radio"/>							
Coffee	<input type="radio"/>							
Tea	<input type="radio"/>							
Desserts (cake, cookies, pies)	<input type="radio"/>							
Candy & milk chocolate (hard candy, chewy candy, candy bars, milk chocolate)	<input type="radio"/>							
Dark chocolate (e.g. dark / low carb / sugar free chocolate)	<input type="radio"/>							

Please list any vitamins and/or minerals you take

\_\_\_\_\_

Please list any electrolyte supplements you take

\_\_\_\_\_

Please list any other supplements you take

\_\_\_\_\_

5. What type of meat do you aim to consume?

- High fat
- Moderate fat
- Lean

6. What type of beef do you typically consume?

- 100% grass finished
- predominantly grass finished
- predominantly grain finished
- 100% grain finished

7. How do you usually cook your meat?

- Raw
- Rare
- Medium Rare
- Medium
- Medium Well
- Well Done

Do you try to capture and consume all meat juices?

- Yes
- No

8. Do you target a certain amount of salt intake?

- Low salt intake
- Medium salt intake
- High salt intake
- No specific target

9. How many times a day do you eat?

- < 1
- 1
- 2
- 3
- 4
- 5
- 6 or more

---

10. Do you aim to achieve ketosis?

- Yes
- No

---

How do you check your ketone levels?

- Blood
- Urine
- Breath
- I don't check

---

Which units are your blood ketones measured in?

- mmol/L
- mg/dL

---

What blood ketone level do you typically achieve?

\_\_\_\_\_ (mmol/L, provide 1 decimal place)

---

What blood ketone level do you typically achieve?

\_\_\_\_\_ (mg/dL, no decimal place)

---

What urine ketone level do you typically achieve?

- negative
- trace
- small
- moderate
- large

---

What units are your breath ketones measured in?

- ppm
- Number scale (Keyto meter)
- Other

---

Please specify the "other" units in which your breath ketones are measured

\_\_\_\_\_

---

What breath ketone level do you typically achieve?

\_\_\_\_\_ (ppm, provide 0 decimal places)

---

What breath ketone level do you typically achieve?

\_\_\_\_\_ (Number scale (Keyto meter))

---

What breath ketone level do you typically achieve?

\_\_\_\_\_ ([ketone\_unit\_other])

---

11. How often do you make exceptions from your carnivore way of eating?

- With each meal
- At least daily
- Several times a week
- Once a week
- Several times a month
- Monthly
- Less than once a month
- Never

---

What exceptions to this way of eating do you make?

\_\_\_\_\_

## HEALTH INFORMATION

12. How old are you now?

\_\_\_\_\_ (years)

13. What is your sex / gender?

- male  
 female  
 other

Are you currently pregnant or breastfeeding?

- Pregnant  
 Breastfeeding  
 Neither

How many weeks pregnant are you?

\_\_\_\_\_

How many months ago did you deliver your child?

\_\_\_\_\_

14. Why do you follow this carnivore way of eating?  
(check all that apply)

- To improve my health / body weight  
 For ethical reasons  
 Out of curiosity  
 Preferred dietary habits / food preferences  
 Other

Please specify your other reasons for following a carnivore way of eating.

\_\_\_\_\_

Please specify your health reasons for following a carnivore way of eating (check all that apply)

- For weight loss  
 To improve body composition  
 To improve athletic performance  
 To clear brain fog or have more energy  
 To reverse or manage Type 2 Diabetes  
 To manage and stabilize blood sugar - Type 1 Diabetes  
 To manage arthritis / Joint pains / Inflammation  
 To manage Mental illness / Depression / Mood / Mental Attitude  
 To manage autoimmune issues  
 To manage digestive issues  
 To manage allergies, skin issues  
 Other

Please specify your other health reasons for following a carnivore way of eating.

\_\_\_\_\_

15. With the past 3 months in mind, please rate the following in comparison to the time before you started the carnivore diet (before [diet\_start\_us]):

	Better	Unchanged	Worse
Overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental clarity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunger / food cravings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Do you currently (with the past 3 months in mind) have any of the following SYMPTOMS (NOT diagnoses or conditions)? Please report all new as well as longstanding symptoms regardless whether they started before or after you started the carnivore way of eating.

- Constipation
- Gas / bloating
- Diarrhea
- Heart burn / Reflux
- Stomach Cramps
- Dry skin
- Skin problems (e.g. rough and bumpy skin on arms, thighs, buttocks)
- Weak, brittle fingernails
- Other fingernail abnormalities (spooning of nails, red spots or vertical lines in nail bed)
- Hair loss / thinning
- Other hair abnormalities (hair grows in bent or coiled shapes, grows slowly)
- Itchiness
- Red, swollen or bleeding gums
- Loose teeth
- Mouth sores
- Tongue swelling
- Dry or itchy eyes
- Night blindness
- Pale skin, lethargy, shortness of breath
- Irregular menstrual cycle
- Slow wound healing
- Issues related to blood clotting (e.g. excessive bleeding, bruising etc.)
- Poor immunity (frequent infections, illnesses)
- Fatigue / low energy
- Changes in heart rate
- Unwanted weight gain
- Unwanted weight loss
- Dizziness
- Muscle, joint or bone pains
- Muscle cramps or spasms
- Muscle weakness
- Bone Fractures
- Numbness or tingling
- Headaches
- Seizures
- Forgetfulness
- Confusion
- Trouble concentrating
- Depressed mood
- Insomnia (trouble sleeping)
- Hypertension
- Swelling in the neck (goiter)
- Kidney stones
- Other

Please specify your "other" symptoms.

---

How have these symptoms changed since starting the carnivore way of eating?

	Resolved	Improved	Unchanged	Worsened	New Symptom
Constipation	<input type="radio"/>				
Gas / Bloating	<input type="radio"/>				
Diarrhea	<input type="radio"/>				
Heart burn / Reflux	<input type="radio"/>				
Stomach Cramps	<input type="radio"/>				
Dry skin	<input type="radio"/>				
Other Skin problems	<input type="radio"/>				
Weak, brittle fingernails	<input type="radio"/>				
Other Fingernail abnormalities	<input type="radio"/>				
Hair loss / thinning	<input type="radio"/>				
Other hair abnormalities	<input type="radio"/>				
Itchiness	<input type="radio"/>				
Red, swollen or bleeding gums	<input type="radio"/>				
Loose teeth	<input type="radio"/>				
Mouth sores	<input type="radio"/>				
Tongue swelling	<input type="radio"/>				
Dry or itchy eyes	<input type="radio"/>				
Night blindness	<input type="radio"/>				
Pale skin, lethargy, shortness of breath	<input type="radio"/>				
Irregular menstrual cycle	<input type="radio"/>				
Slow wound healing	<input type="radio"/>				
Issues related to blood clotting	<input type="radio"/>				
Poor immunity	<input type="radio"/>				
Fatigue / low energy	<input type="radio"/>				
Changes in heart rate	<input type="radio"/>				
Unexpected weight gain	<input type="radio"/>				
Unwanted Weight loss	<input type="radio"/>				
Dizziness	<input type="radio"/>				
Muscle, joint or bone pains	<input type="radio"/>				
Muscle cramps or spasms	<input type="radio"/>				
Muscle weakness	<input type="radio"/>				
Bone Fractures	<input type="radio"/>				
Numbness or tingling	<input type="radio"/>				
Headaches	<input type="radio"/>				
Seizures	<input type="radio"/>				
Forgetfulness	<input type="radio"/>				
Confusion	<input type="radio"/>				
Trouble concentrating	<input type="radio"/>				
Depressed mood	<input type="radio"/>				
Insomnia (trouble sleeping)	<input type="radio"/>				

Hypertension	<input type="radio"/>				
Goiter	<input type="radio"/>				
Kidney stones	<input type="radio"/>				
Other symptoms	<input type="radio"/>				

17. How often do you have a bowel movement?

- More than 3 times a day
- 2-3 times a day
- Once a day
- At least every 3 days
- At least weekly
- Less than weekly

18. What health CONDITIONS or DIAGNOSES (not symptoms) have you ever had?

- Cholesterol abnormalities
- Arthritis or other musculoskeletal problems
- Asthma or other respiratory illness
- Autoimmune conditions (e.g. Hashimoto's disease, Psoriasis, lupus etc.)
- Cancer
- Cardiovascular problems (heart disease, stroke, arrhythmia etc..)
- Cognitive disorders
- Diabetes, pre-diabetes or insulin resistance
- Digestive health problems (e.g. inflammatory bowel disease, IBS, IBD, Crohn's Disease, Diverticulosis, Diverticulitis)
- Hematological conditions (anemia or other blood disorders)
- Hormonal or reproductive/sexual health conditions (e.g. PCOS, hypogonadism, etc.)
- Hypertension or other blood pressure problems
- Mental health disorders
- Neurological problems
- Obesity or overweight
- Underweight
- Skin problems (e.g. eczema, psoriasis, acne)
- Visual or vision problems
- Urinary tract infections (kidney, bladder)
- Other

Please specify any other health conditions or diagnoses you ever had.

---

How have your health conditions changed since starting this carnivore way of eating?

	Resolved	Improved	Unchanged	Worsened	New Condition
Cholesterol abnormalities	<input type="radio"/>				
Arthritis or other musculoskeletal problems	<input type="radio"/>				
Asthma or other respiratory illness	<input type="radio"/>				
Autoimmune conditions	<input type="radio"/>				



## MEASUREMENTS AND LABS

22. I measure my height/weight using the following units:

- must provide units in order to display result field

- feet, inches / lbs  
 meter, centimeter / kg

23. Do you know or have a record of your current height and weight (at least 3 months after starting the carnivore way of eating ([diet\_start\_us])? Please ideally use height and weight recorded by your doctor's office if available, or measure and weigh yourself.

- Yes  
 No

Weight (lbs)

\_\_\_\_\_ (lbs)

Weight (kg)

\_\_\_\_\_ (kg)

Date weight taken

- all dates are formatted day-month-year

\_\_\_\_\_ (day-month-year)

The reported weight is:

- From my medical record  
 Measured myself  
 From memory

Height (feet)

\_\_\_\_\_ (feet)

Height (inches)

\_\_\_\_\_ (inches)

Height (cm)

\_\_\_\_\_ (cm)

Date height taken

- all dates are formatted day-month-year

\_\_\_\_\_ (day-month-year)

The reported height is:

- From my medical record  
 Measured myself  
 From memory

---

24. Do you know or have a record of your height and weight before starting this carnivore way of eating (before [diet\_start\_us] )?  
Please ideally use height and weight recorded by your doctor's office if available, or use your own written record.

---

- Yes  
 No

Weight before carnivore (lbs)

\_\_\_\_\_ (lbs)

---

Weight before carnivore (kg)

\_\_\_\_\_ (kg)

---

Date weight taken

- all dates are formatted day-month-year

\_\_\_\_\_ (day-month-year)

---

The reported weight is:

- From my medical record  
 From my own written records  
 From memory
- 

Height before carnivore (feet)

\_\_\_\_\_ (feet)

---

Height before carnivore (inches)

\_\_\_\_\_ (inches)

---

Height before carnivore (cm)

\_\_\_\_\_ (cm)

---

The reported height is:

- From my medical record  
 From my own written records  
 From memory
- 

Date height taken

- all dates are formatted day-month-year

\_\_\_\_\_ (day-month-year)

---

25. Do you have or can you obtain any laboratory tests results from before and (or) at least 3 months after starting the carnivore way of eating?

- Yes
- No

---

What units are your lipid panel results in?  
- must provide units in order to display result field

- mg/dL
- mmol/L
- Other
- Not measured
- I need to look this up and provide the information later

---

What other units are your lipid panel results in?

\_\_\_\_\_

( \_ / \_ )

---

What units are your HbA1C results in?  
- must provide units in order to display result field

- %
- mmol/L
- mmol/mol
- Other
- Not measured
- I need to look this up and provide the information later

---

What other units are your HbA1C results in?

\_\_\_\_\_

( \_ / \_ )

---

What units are your creatinine results in?  
- must provide units in order to display result field

- mg/dL
- $\mu$ mol/L
- Other
- Not measured
- I need to look this up and provide the information later

---

What other units are your creatinine results in?

\_\_\_\_\_

( \_ / \_ )

---

What units are your hs-CRP / C-Reactive Protein results in?  
- must provide units in order to display result field

- mg/L
- nmol/L
- Other
- Not measured
- I need to look this up and provide the information later

---

What other units are your hs-CRP / C-Reactive Protein results in?

\_\_\_\_\_

( \_ / \_ )

---

What units are your liver enzyme (e.g. ALT / GTP / SGTP; AST / GOT / SGOT; Gamma Glutamyltransferase / GGT) results in?  
- must provide units in order to display result field

- units/L (IU/L)
- $\mu$ kat/L
- Other
- Not measured
- I need to look this up and provide the information later

---

What other units are your liver enzyme results in?

\_\_\_\_\_

( \_ / \_ )

---

26. Can you report dates and results of any blood tests you have had at least 3 months after starting the carnivore way of eating?

- Yes
- No

---

Please report any labs taken at least 3 months after [diet\_start\_int], Leave blank if not available:

---

Date obtained (Lipid Panel)

- all dates are formatted day-month-year

\_\_\_\_\_ (day-month-year)

---

Were lipids taken while fasting for at least 12 hours?

- Yes
- No
- I don't remember

---

Total Cholesterol, mg/dL

\_\_\_\_\_ (mg/dL)

---

Total Cholesterol, mmol/L

\_\_\_\_\_ (mmol/L)

---

Total Cholesterol, [lipids\_other]

\_\_\_\_\_ ([lipids\_other])

---

LDL Cholesterol, mg/dL

\_\_\_\_\_ (mg/dL)

---

LDL Cholesterol, mmol/L

\_\_\_\_\_ (mmol/L)

---

LDL Cholesterol, [lipids\_other]

\_\_\_\_\_ ([lipids\_other])

---

HDL Cholesterol, mg/dL

\_\_\_\_\_ (mg/dL)

---

HDL Cholesterol, mmol/L

\_\_\_\_\_ (mmol/L)

---

HDL Cholesterol, [lipids\_other]

\_\_\_\_\_ ([lipids\_other])

---

Triglycerides, mg/dL

\_\_\_\_\_ (mg/dL)

---

Triglycerides, mmol/L

\_\_\_\_\_

(mmol/L)

---

Triglycerides, [lipids\_other]

\_\_\_\_\_

([lipids\_other])

---

Date obtained (HbA1c)

- all dates are formatted day-month-year

\_\_\_\_\_

(day-month-year)

---

Hemoglobin A1c (HbA1c), %

\_\_\_\_\_

(%)

---

Hemoglobin A1c (HbA1c), mmol/L

\_\_\_\_\_

(mmol/L)

---

Hemoglobin A1c (HbA1c), mmol/mol

\_\_\_\_\_

(mmol/mol)

---

Hemoglobin A1c (HbA1c), [hba1c\_other]

\_\_\_\_\_

([lipids\_other])

---

Date obtained (hs-CRP)

- all dates are formatted day-month-year

\_\_\_\_\_

(day-month-year)

---

C-Reactive Protein (hs-CRP), mg/L

\_\_\_\_\_

(mg/L)

---

C-Reactive Protein (hs-CRP), nmol/L

\_\_\_\_\_

(nmol/L)

---

C-Reactive Protein (hs-CRP), [crp\_other]

\_\_\_\_\_

([crp\_other])

---

Date obtained (Creatinine)

- all dates are formatted day-month-year

\_\_\_\_\_

(day-month-year)

---

Creatinine, mg/dL

\_\_\_\_\_

(mg/dL)

---

Creatinine,  $\mu$ mol/L

\_\_\_\_\_

( $\mu$ mol/L)

---

Creatinine, [crea\_other]

\_\_\_\_\_

([crea\_other])

---

---

Date obtained (liver enzymes)

- all dates are formatted day-month-year

\_\_\_\_\_  
(day-month-year)

---

ALT / GTP / SGTP (may be called any of these names),  
IU/L

\_\_\_\_\_  
(IU/L)

---

ALT / GTP / SGTP (may be called any of these names),  
 $\mu$ kat/L

\_\_\_\_\_  
( $\mu$ kat/L)

---

ALT / GTP / SGTP (may be called any of these names),  
[alt\_other]

\_\_\_\_\_  
([alt\_other])

---

AST / GOT / SGOT (may be called any of these names),  
IU/L

\_\_\_\_\_  
(IU/L)

---

AST / GOT / SGOT (may be called any of these names),  
 $\mu$ kat/L

\_\_\_\_\_  
( $\mu$ kat/L)

---

AST / GOT / SGOT (may be called any of these names),  
[alt\_other]

\_\_\_\_\_  
([alt\_other])

---

Glutamiltransferase (GGT), IU/L

\_\_\_\_\_  
(IU/L)

---

Glutamiltransferase (GGT),  $\mu$ kat/L

\_\_\_\_\_  
( $\mu$ kat/L)

---

Glutamiltransferase (GGT), [alt\_other]

\_\_\_\_\_  
([alt\_other])

---

27. Can you report dates and results of any blood  
tests you have had before starting the carnivore way  
of eating?

- Yes  
 No

---

Please report any labs taken before [diet\_start\_int], Leave blank if not available:

---

Date obtained (Lipid Panel)

- all dates are formatted day-month-year

\_\_\_\_\_  
(day-month-year)

---

Were lipids taken while fasting for at least 12 hours?

- Yes  
 No  
 I don't remember

---

Total Cholesterol, mg/dL

\_\_\_\_\_  
(mg/dL)

---

Total Cholesterol, mmol/L

\_\_\_\_\_  
(mmol/L)

Total Cholesterol, [lipids_other]	_____
	([lipids_other])
LDL Cholesterol, mg/dL	_____
	(mg/dL)
LDL Cholesterol, mmol/L	_____
	(mmol/L)
LDL Cholesterol, [lipids_other]	_____
	([lipids_other])
HDL Cholesterol, mg/dl	_____
	(mg/dl)
HDL Cholesterol, mmol/L	_____
	(mmol/L)
HDL Cholesterol, [lipids_other]	_____
	([lipids_other])
Triglycerides, mg/dL	_____
	(mg/dL)
Triglycerides, mmol/L	_____
	(mmol/L)
Triglycerides, [lipids_other]	_____
	([lipids_other])
Date obtained (HbA1c) - all dates are formatted day-month-year	_____
	(day-month-year)
Hemoglobin A1c (HbA1c), %	_____
	(%)
Hemoglobin A1c (HbA1c), mmol/L	_____
	(mmol/L)
Hemoglobin A1c (HbA1c), mmol/mol	_____
	(mmol/mol)
Hemoglobin A1c (HbA1c), [hba1c_other]	_____
	([hba1c_other])

---

Date obtained (hs-CRP)

- all dates are formatted day-month-year

\_\_\_\_\_  
(day-month-year)

---

hs-CRP, mg/L

\_\_\_\_\_  
(mg/L)

---

hs-CRP, nmol/L

\_\_\_\_\_  
(nmol/L)

---

hs-CRP, [crp\_other]

\_\_\_\_\_  
([crp\_other])

---

Date obtained (Creatinine)

- all dates are formatted day-month-year

\_\_\_\_\_  
(day-month-year)

---

Creatinine, mg/dL

\_\_\_\_\_  
(mg/dL)

---

Creatinine,  $\mu\text{mol/L}$

\_\_\_\_\_  
( $\mu\text{mol/L}$ )

---

Creatinine, [crea\_other]

\_\_\_\_\_  
([crea\_other])

---

Date obtained (liver enzymes)

- all dates are formatted day-month-year

\_\_\_\_\_  
(day-month-year)

---

ALT / GTP / SGTP (may be called any of these names),  
U/L

\_\_\_\_\_  
(U/L)

---

ALT / GTP / SGTP (may be called any of these names),  
 $\mu\text{kat/L}$

\_\_\_\_\_  
( $\mu\text{kat/L}$ )

---

ALT / GTP / SGTP (may be called any of these names),  
[alt\_other]

\_\_\_\_\_  
([alt\_other])

---

AST / GOT / SGOT (may be called any of these names),  
U/L

\_\_\_\_\_  
(U/L)

---

AST / GOT / SGOT (may be called any of these names),  
 $\mu\text{kat/L}$

\_\_\_\_\_  
( $\mu\text{kat/L}$ )

---

AST / GOT / SGOT (may be called any of these names),  
[alt\_other]

\_\_\_\_\_  
([alt\_other])

---

Glutamiltransferase (GGT), U/L

\_\_\_\_\_  
(U/L)

Glutamiltransferase (GGT),  $\mu$ kat/L

\_\_\_\_\_  
( $\mu$ kat/L)

Glutamiltransferase (GGT), [alt\_other]

\_\_\_\_\_  
([alt\_other])

28. Do you have or can you obtain your coronary artery calcium score (CAC) from before and (or) at least 3 months after starting the carnivore way of eating?

- Yes  
 No

Can you report dates and results of your coronary artery calcium score (CAC) at least 3 months after starting the carnivore way of eating?

- Yes  
 No

Coronary artery calcium score (CAC) after carnivore way of eating  
0-400; type 401 if score >400

\_\_\_\_\_  
(0-400; type 401 if score >400)

Can you report dates and results of your coronary artery calcium score (CAC) before starting the carnivore way of eating (leave blank if not available):

- Yes  
 No

Coronary artery calcium score (CAC) before carnivore way of eating  
0-400; type 401 if score >400

\_\_\_\_\_  
(0-400; type 401 if score >400)

## FEASIBILITY AND SATISFACTION

29. Do you discuss your carnivore way of eating with your medical provider?

- Yes
- No

How has your medical provider responded to you eating this way?

- Not at all supportive
- Not supportive
- Neutral
- Supportive
- Very supportive

30. How satisfied are you with the carnivore way of eating?

- Not at all satisfied
- Not satisfied
- Neutral
- Satisfied
- Very satisfied

31. How have friends / family responded to you eating this way?

- Not at all supportive
- Not supportive
- Neutral
- Supportive
- Very supportive

32. How has your social life been impacted by the carnivore way of eating?

- Very negatively impacted
- Negatively impacted
- Not at all impacted
- Positively impacted
- Very positively impacted

33. What do you do to manage this way of eating while at social events?

\_\_\_\_\_

34. What are the downsides of this carnivore way of eating?

\_\_\_\_\_

35. What else would you like to tell us?

\_\_\_\_\_

## SOCIO-ECONOMIC INFORMATION

36. What country do you live in?

- United States
- Canada
- United Kingdom
- Australia
- New Zealand
- South Africa
- France
- Germany
- Denmark
- Ireland
- Italy
- Spain
- China
- Japan
- Iran
- Brazil
- Other

What other country do you live in?

\_\_\_\_\_

---

37. How would you best describe your race/ethnicity?  
Please choose only one answer.

- White Non-Hispanic
- Black/African-American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaskan Native
- More than one race/ethnicity
- other

---

What other race / ethnicity are you?

\_\_\_\_\_

---

38. What is the highest level of education you have completed? (If you are currently enrolled, please select the highest degree you have completed.)

- university / college / graduate school / equivalent
- intermediate between secondary level and university (e.g. technical training) / some college
- secondary school including high school
- primary school or less

---

39. How many years have you spent at school or in full time study?

\_\_\_\_\_ ( years)

---

40. Do you consider your family income:

- low income
- middle income
- high income

---

41. Where did you see the link for this study?

- World Carnivore Tribe - Facebook Group
- Zeroing in on Health - Facebook Group
- Principia Carnivora - Facebook Group
- r/Zerocarb - Reddit Group
- Twitter
- Instagram
- Blog
- Other

---

Where did you see the link for this study?

\_\_\_\_\_

---

On what blog did you see the link for this study?

\_\_\_\_\_

---

42. Are you a member of the World Carnivore Tribe Facebook Group?

- Yes
  - No
-