

# FASTING TRACKER

Use for a Single Fast • Print one per fast and compare results over time

*Note: Educational tracker only. Not a medical advice. If you feel unwell, stop and seek professional guidance.*

Full Name: \_\_\_\_\_ Goal Duration (hrs): \_\_\_\_\_

Start (date & time): \_\_\_\_\_ End (date & time): \_\_\_\_\_ Total Duration (hrs): \_\_\_\_\_

Fast Type: ☐ Water only ☐ Water + electrolytes Other: \_\_\_\_\_

Body Metrics:

Weight (start): \_\_\_\_\_ Weight (end): \_\_\_\_\_ Waist (start): \_\_\_\_\_ Waist (end): \_\_\_\_\_

During the Fast (inputs):

Hunger waves at (hrs): \_\_\_\_\_ Water intake (L): \_\_\_\_\_ Electrolytes: ☐ Yes ☐ No

Sleep quality (each night):

Night 1:	Night 2:	Night 3:	Night 4:	Night 5:
_____	_____	_____	_____	_____

Check-ins (quick, honest, repeatable):

Time (hrs)	How do you feel (1–2 words)	Energy (1–10)	Clarity (1–10)	Hunger (1–10)	Notes (optional)
10 hrs					
16 hrs					
24 hrs					
32 hrs					
40 hrs					
48 hrs					
____ hrs					
____ hrs					

Short comments during the fast:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final thoughts after the fast:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First meal (after fast): \_\_\_\_\_ How did you feel 1 hour after refeed ? : \_\_\_\_\_

Goal for the next fast (hrs): \_\_\_\_\_