

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): _____