

# EXTENDED FASTING TRACKER

Goal Duration: \_\_\_\_\_ Hours

Start Date/Time:

End Date/Time:

Starting Weight:

DAY / HR	GLUCOSE / KETONES	WEIGHT	ENERGY & MENTAL CLARITY (1- 10)	PHYSICAL SYMPTOMS / ELECTROLYTES
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**DAY /  
HR**

**GLUCOSE /  
KETONES**

**WEIGHT**

**ENERGY &  
MENTAL  
CLARITY (1-  
10)**

**PHYSICAL  
SYMPTOMS /  
ELECTROLYTES**

Ending Weight:

Total Net Loss:

Total Hours Achieved: