

WATER FASTING TRACKER

Start Date: _____

Starting Weight: _____

Goal Duration: _____

DAY	WEIGHT	ENERGY / MOOD (1-10)	WATER (L)	ELECTROLYTES
1				
2				
3				
4				
5				
6				
7				

DAILY REFLECTIONS & SYMPTOMS

Note: Consult with a medical professional before starting an extended water fast.