

INTERMITTENT FASTING WEEKLY TRACKER

Week Of: _____

Method: (e.g. 16:8 / 20:4)

Goal Weight: _____

DAY	FAST START (TIME)	FIRST MEAL (TIME)	LAST MEAL (TIME)	TOTAL FAST HOURS
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Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

DAILY NOTES (ENERGY LEVELS, MOOD, HUNGER PEAKS):