

WEEKLY INTERMITTENT FASTING SCHEDULE

Week Of: _____ Method: (e.g. 16:8, 20:4) _____

DAY	FAST START (PM)	FAST END (AM/PM)	EATING WINDOW	WATER INTAKE
------------	--------------------------------	-----------------------------	--------------------------	-------------------------

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

WEEKLY GOALS & ENERGY LEVELS

No Sugary Drinks

Electrolytes Taken

Light Exercise

7+ Hours Sleep

Template for personal tracking purposes only. Consult a physician before starting any fasting protocol.