



Petal & Paper

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Intermittent fasting tracker



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F A S T I N G T R A C K E R

IF tracker

My protocol

Method: 16:8 ☐ 18:6 ☐ 20:4 ☐ 5:2 ☐ Other: ____
Eating window: ____ to ____ Fasting hours: ____
Goal: weight loss ☐ metabolic health ☐ energy
☐ other: ____
Start date: ____ Week: ____

Monday to Wednesday

Mon: Fast start ____ Fast end ____ Hours fasted: ____
Eating window: ____ to ____
Energy ____/5 Hunger ____/5 Mood ____/5
Weight: ____kg Completed: ☐
Tue: Fast start ____ Fast end ____ Hours fasted: ____
Eating window: ____ to ____
Energy ____/5 Hunger ____/5 Mood ____/5
Weight: ____kg Completed: ☐
Wed: Fast start ____ Fast end ____ Hours fasted: ____
Eating window: ____ to ____
Energy ____/5 Hunger ____/5 Mood ____/5
Weight: ____kg Completed: ☐

Thursday to Sunday

Thu: Hours fasted ____ Energy ____/5 Weight ____kg Completed: ☐
Fri: Hours fasted ____ Energy ____/5 Weight ____kg Completed: ☐
Sat: Hours fasted ____ Energy ____/5 Weight ____kg Completed: ☐
Sun: Hours fasted ____ Energy ____/5 Weight ____kg Completed: ☐

Weekly summary

Days completed: ____ / 7 Average hours fasted: ____
Weight start: ____kg Weight end: ____kg Change: ____kg
Best day: ____ Hardest day: ____
Adjustments for next week: _____