

Intermittent Fasting Diet Chart

Name: _____

Date Started: _____

Fasting Method Chosen: _____

Weekly Schedule:

- Monday:
 - Fasting Hours: _____
 - Eating Window: _____
- Tuesday:
 - Fasting Hours: _____
 - Eating Window: _____
- Wednesday:
 - Fasting Hours: _____
 - Eating Window: _____
- Thursday:
 - Fasting Hours: _____
 - Eating Window: _____
- Friday:
 - Fasting Hours: _____
 - Eating Window: _____
- Saturday:
 - Fasting Hours: _____
 - Eating Window: _____
- Sunday:
 - Fasting Hours: _____
 - Eating Window: _____

Daily Food Log:

- Date: _____
- Meals & Snacks: _____
- Calories (if tracking): _____
- Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

- Date: _____
 - Meals & Snacks: _____
 - Calories (if tracking): _____
 - Water Intake: _____

Weekly Reflection:

- Weight Check (if applicable):
 - Start of Week: _____
 - End of Week: _____

- Mood & Energy Levels:

- Start of Week: _____

- End of Week: _____

- Challenges Faced:

- Successes Achieved:

Additional Notes:

Next Week's Goals:

- Set goals for the upcoming week