

Intermittent Fasting Ketosis Diet Chart

Name: _____ Age: _____

Gender: _____ Weight: _____ kg Height: _____ cm

Medical History: _____

Current Medications: _____

Lifestyle Habits: _____

Fasting Tracker

Fasting Hours	Meal Window	Ketosis Stage
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Notes and Observations:

Progress Tracking

Date	Weight (kg)	Blood Sugar (mf/dL)	Notes