

Name _____

Department _____

WEEK BEGINNING: / / **Planned Weekly Hours:** _____

GOALS: (check as achieved)

- 1. _____
- 2. _____
- 3. _____

WEEKLY THOUGHTS:

MONDAY: / /

WORKOUT TYPE:

- walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

TUESDAY: / /

WORKOUT TYPE:

- walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

WEDNESDAY: / /

WORKOUT TYPE:

- walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

THURSDAY: / /

WORKOUT TYPE:

walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

FRIDAY: / /

WORKOUT TYPE:

walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

SATURDAY: / /

WORKOUT TYPE:

walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard

SUNDAY: / /

WORKOUT TYPE:

walk run swim bike yoga other

WORKOUT NOTES:

(weather, soreness, attitude, how session felt)

DAILY:

weight:

resting hr:

energy: poor good excellent

RESULTS:

time:

distance:

intensity: easy medium hard