

WEEK BEGINNING: / / Planned Weekly Hours: _____ Beginning Weight _____
Goals: (check as achieved) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> 3. _____
Weekly Thoughts Going Into The Week: _____ _____
Weekly Thoughts Throughout The Week: _____ _____
Weekly Thoughts At The End Of The Week: _____ _____

Monday: / / Resting Heart Rate: _____			
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____		Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

Tuesday: / / Resting Heart Rate: _____			
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____		Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

Wednesday: / / Resting Heart Rate: _____			
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____		Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

Thursday: / /		Resting Heart Rate: _____	
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____			Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Friday: / /		Resting Heart Rate: _____	
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____			Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Saturday: / /		Resting Heart Rate: _____	
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____			Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Sunday: / /		Resting Heart Rate: _____	
Workout Type: <input type="checkbox"/> Walking <input type="checkbox"/> Bike <input type="checkbox"/> Elliptical <input type="checkbox"/> Class _____	Workout Type: <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Stairs <input type="checkbox"/> Rowing	<input type="checkbox"/> Weights _____ <input type="checkbox"/> Other _____ Results: Times: _____ Distance: _____	Intensity <input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Hard
Workout Notes: (weather, soreness, attitude, how session felt, stresses of the day, injuries) _____ _____			Energy: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent