



EXERCISE JOURNAL FOR _____ DATE OF BIRTH _____ WEEK OF _____

DATE	DATE	DATE	DATE	DATE	DATE	DATE
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Location:	Location:	Location:	Location:	Location:	Location:	Location:
Type of Workout:	Type of Workout:	Type of Workout:	Type of Workout:	Type of Workout:	Type of Workout:	Type of Workout:
Duration/Intensity:	Duration/Intensity:	Duration/Intensity:	Duration/Intensity:	Duration/Intensity:	Duration/Intensity:	Duration/Intensity:
How I felt before:	How I felt before:	How I felt before:	How I felt before:	How I felt before:	How I felt before:	How I felt before:
How I felt after:	How I felt after:	How I felt after:	How I felt after:	How I felt after:	How I felt after:	How I felt after:
Workout Notes:	Workout Notes:	Workout Notes:	Workout Notes:	Workout Notes:	Workout Notes:	Workout Notes:

