

WORKOUT TRACKER

Week: _____

This week I want to... (write three goals here)

1. _____
2. _____
3. _____



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Resistance Training 2 3 5 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)	Resistance Training 1 4 6 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)	Resistance Training REST	Resistance Training 2 3 5 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)	Resistance Training 1 4 6 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)	Resistance Training 2 3 5 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)	Resistance Training 2 3 5 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (check box for each completed exercise)
Cardio Training Minutes: ____	Cardio Training Minutes: ____	Cardio Training Minutes: ____	Cardio Training Minutes: ____	Cardio Training Minutes: ____	Cardio Training Minutes: ____	Cardio Training Minutes: ____

WORKED FOR ME!

(describe what worked for you this week)
