

TRAINING DIARY

WORKOUT

Date:

Workout:	
Workout Intensity Hard Medium Easy	Motivation/Mood Excellent Good Not great
Extra 20 min Cardio	
Stretches	

TRAINING DIARY

FOOD DIARY

Date:

Meals		Water
Meal 1	Pro	<input type="checkbox"/>
Time:	Carb	
	Fat	
		<input type="checkbox"/>
Snack		<input type="checkbox"/>
Time:		<input type="checkbox"/>
		<input type="checkbox"/>
Meal 2	Pro	<input type="checkbox"/>
Time:	Carb	<input type="checkbox"/>
	Fat	<input type="checkbox"/>
		<input type="checkbox"/>
Snack		<input type="checkbox"/>
Time:		<input type="checkbox"/>
		<input type="checkbox"/>
Meal 3	Pro	<input type="checkbox"/>
Time:	Carb	<input type="checkbox"/>
	Fat	<input type="checkbox"/>
		<input type="checkbox"/>
Snack		<input type="checkbox"/>
Time:		<input type="checkbox"/>
		<input type="checkbox"/>
Notes:		TOTAL

TRAINING DIARY

WEEKLY SUMMARY

Week:

- **Total Number of training sessions:**
- **Total number of training days:**
- **Total ticks**
- **Total crosses**

MEASURING SUCCESS

- **Weight:**
- **Waist**
- **Hip**
- **Chest**
- **Thigh**
- **Upper Arm**

TRAINING DIARY

WEEKLY SUMMARY

Day	Planned Session	Location	Time
1			
2			
3			
4			
5			
6			
7			

Events / Obstacles:

I need to buy (food/supplements):