

WORKOUT LOG

DATE: _____

EFFORT LEVEL: (1-10) _____

STRESS LEVELS: low med high

AMOUNT OF WORKOUT COMPLETED: _____

NUTRITION: healthy med unhealthy

HOURS OF SLEEP: _____

ATTITUDE/MOOD: good ok bad

Exercise	Set 1		Set 2		Set 3		Set 4		Set 5		Set 6	
	Weight	Reps or Time	Weight	Reps or Time	Weight	Reps or Time	Weight	Reps or Time	Weight	Reps or Time	Weight	Reps or Time

Notes: (Focus of workout, reflection on exercises/workout, other details and insights)

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