

# Monthly Workout Record

Month of \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Weigh-In
<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	Weight: Total Lost:
<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	Weight: Total Lost:
<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	Weight: Total Lost:
<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	Weight: Total Lost:
<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	<input type="checkbox"/> Activity: Duration:	Weight: Total Lost:



# Monthly Workout Plan

Month of \_\_\_\_\_

<i>Beginning of Month Goals</i>	<i>End of Month Goal Progress</i>	<u>Notes for Next Month</u>
Goal #1 - Weight: _____	Goal #1 - Final Weight: _____	
Goal #2 - Number of Workout Days: _____	Goal #2 - Actual # of Workout Days: _____	
Goal #3: _____ _____	Goal #3: _____ _____	
Goal #4: _____ _____	Goal #4: _____ _____	
Goal #5: _____ _____	Goal #5: _____ _____	
Goal #6: _____ _____	Goal #6: _____ _____	
Goal #7: _____ _____	Goal #7: _____ _____	