

# Weekly Fitness Log



Week of:

Day	Exercise Type	Time Spent	Workout Intensity	Daily Comments and Progress
<b>Monday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Tuesday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Wednesday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Thursday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Friday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Saturday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	
<b>Sunday</b>	<input type="checkbox"/> Jazzercise <input type="checkbox"/> Other Cardio <input type="checkbox"/> Other Strength Training <input type="checkbox"/> Other Workout:	<input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 1 hour or less <input type="checkbox"/> more than 1 hour	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	