

# FITNESS JOURNAL

NEW YOU 2010

NAME _____		DATES: From _____ to _____					WEEK (#) _____					
DAY	DATE	Aerobic Exercise Type - WO #	Minutes Total	Exertion (0-10)	Steps or Calories	How Feel (0-10) + Comment	Aerobic Exercise Type - WO #	Minutes Total	Exertion (0-10)	Steps or Calories	How Feel (0-10) + Comment	Stretches Number of
		GOAL										
		ACTUAL										
		COMMENT										
		GOAL										
		ACTUAL										
		COMMENT										
		GOAL										
		ACTUAL										
		COMMENT										
		GOAL										
		ACTUAL										
		COMMENT										
		GOAL										
		ACTUAL										
		COMMENT										
		GOAL										
		ACTUAL										
		COMMENT										
		TOTALS		0		0			0		0	0

Send to me the evening before group meeting

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