

Weekly Exercise Tracker



HEALTHANDBONE.CA

Week: _____

My fitness goals for the week: _____

DAY	ACTIVITY	TIME SPENT	WORKOUT INTENSITY	NOTES
MONDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
TUESDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
WEDNESDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
THURSDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
FRIDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
SATURDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____
SUNDAY	<input type="checkbox"/> Warm up and cool down <input type="checkbox"/> Weight bearing <input type="checkbox"/> Strength training <input type="checkbox"/> Flexibility/stretching <input type="checkbox"/> Balance	_____ _____ _____ _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____ _____ _____ _____