

# WEEKLY LOG

NAME: \_\_\_\_\_

Week of: \_\_\_\_\_

## FRIDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## SATURDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## SUNDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## MONDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## TUESDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## WEDNESDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## THURSDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

## FRIDAY

|                  |   |   |
|------------------|---|---|
| <b>Sleep</b>     | HRS:  | Quality:  |
| <b>Exercise</b>  | Type:   | Time:   |
|                  | HR/RPE:   | Steps:  |
| <b>Nutrition</b> | Fruits srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Veg srvg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Mind/Body</b> | Describe:   |   |

Overall, my week was...

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I am most proud of...

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I would like to improve...

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After some reflection my goals for next week: (remember- I want them Specific, Measureable, Action-oriented, and Realistic)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_