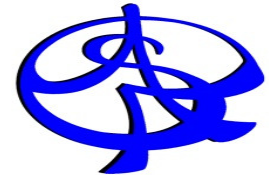




Applied Fitness Solutions

Weekly Workout/Recovery Log



Client Name: _____

Wk of: _____

Weight: _____

<u>Variable Monitored</u>	<u>Date</u>						
Exercise (Type & Duration) <i>Includes all Types of Exercise</i> <i>If applicable include station option A, B, or C</i> <i>(conditioning class only)</i>							
Jumping (Yes/No)							
Joint Pain (Y/N, Where)							
Soreness (Scale 1-5) <i>1 = No Soreness, 5 = Very Sore</i>							
Hunger (Scale 1-5) <i>1 = Not Hungry/Full, 5 = Starving</i>							
Fatigue (Scale 1-5) <i>1 = Exhausted, 5 = Very Energetic</i>							
Nutrition (Scale 1-5) <i>1 = Poor, 5 = Excellent</i>							
Previous Nights Sleep (hrs)							
Motivation (Scale 1-5) <i>1 = No Motivation 5 = Very Motivated</i>							
Stretching/Flexibility (Y/N)							
Additional Notes							