



Makeoverfitness

Exercise Journal

Date: ___/___/___ Time: _____ Weight: _____

CARDIOVASCULAR (Exercise)	INTENSITY (Circle below)			TOTAL DURATION (Minutes)				
	Low	Med	High					
	Low	Med	High					
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	Low	Med	High					
	Low	Med	High					
RESISTANCE TRAINING	Set 1		Set 2		Set 3		Set 4	
EXERCISE	Reps	WT	Reps	WT	REPS	WT	REPS	WT
STRETCHES/ COOL DOWN					TOTAL DURATION (Minutes)			

Notes:

My Mood (circle): Great Good Ok Not Great

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