

Exercise Journal

Name:

Page:

Date (d/m)	Start Time	Exercise (include info like resistance level, # head turns/min, etc.)	Sets or Durat- ion	Reps or Heart rate	Symptoms (Yes or No)? If Yes, 1. List your symptoms; 2. Write down when they resolved.	Symptom intensity 1 = low intensity 6 = max intensity

Notes: