

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | Date: | |  | | | | |
|  |  | **Planned** | | **Actual** | | **Complete Workout?** | | | | |
| **Exercise** | **Notes** | **Reps** | **Weight** | **Reps** | **Weight** |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  | Yes |  | No |  |