

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 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 |  |