Daily Journal *(Copy this as required)*

Date:_____

STRENGTH RECORD **Weights & Reps**

Exercise / Sets	1	2	3	4	5	6

CARDIO RECORD

Exercise	Amount (time, distance, resistance etc.)
PEDOMETER STEPS	

ENERGY LEVELS:

Morning	High	5	4	3	2	1	Low
Afternoon	High	5	4	3	2	1	Low
Evening	High	5	4	3	2	1	Low

MOOD:

Morning	Great	5	4	3	2	1	Low
Afternoon	Great	5	4	3	2	1	Low
Evening	Great	5	4	3	2	1	Low

FOOD & BEVERIDGE INTAKE *(Be Totally Honest)*

Time	Approximate amount	Food *(include supplement intake)*	Feelings (full, energised, happy, sad, guilty etc.)

Describe any significant events, breakthroughs or feelings that you experienced today:

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