

FITNESS JOURNAL

NEW YOU 2010

NAME _____		DATES: From _____ to _____					WEEK (#) _____						
DAY	DATE		Aerobic Exercise Type	Minutes Total	Exertion (0-10)	Steps or Calories	How Feel (0-10) + Comment	Aerobic Exercise Type	Minutes Total	Exertion (0-10)	Steps or Calories	How Feel (0-10) + Comment	Stretches Number of
		GOAL											
		ACTUAL											
		COMMENT											
		GOAL											
		ACTUAL											
		COMMENT											
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		COMMENT											
		GOAL											
		ACTUAL											
		COMMENT											
		TOTALS											