

Thrive Total Fitness
 Contact: Kim Graham, Owner/Instructor
 Phone: 604.725.1436
 E-Mail: kgthrive@yahoo.ca
 Web: www.thrivetotalfitness.com

Workout Log

Date: _____

Measurements – Week 1 + Week 4 = total loss/gain

Shoulders: _____ - _____ = _____
 Chest: _____ - _____ = _____
 Biceps: _____ - _____ = _____
 Waist: _____ - _____ = _____

Hips: _____ - _____ = _____
 Thigh: _____ - _____ = _____
 Calf: _____ - _____ = _____

Workout Type:

FINAL FITNESS ASSESSMENT (Week 1 + Week 4 = loss/gain)

Push-Ups _____ + _____ = _____ **Timed Mile Run** _____ + _____ = _____
Crunches _____ + _____ = _____ **Flexibility Reach Test** _____ + _____ = _____
Plank _____ + _____ = _____ **Explosive Power Test** _____ + _____ = _____

Rate of Perceived Exertion (RPE)	Mood Before ☺ ☹	Mood After ☺ ☹

What I found easy:

What I found hard:

Energy Level (1-10)	My pre workout meal was:	My post workout meal was:
Before:		
After:		

Comments:

Use this space to document how you feel. What muscles feel worked? Is there any pain? Do you feel like you could have done more? Are you satisfied with your progress? Did you meet your goals today? Make note of any gains – mental, emotional and physical.