



Exercise Goals and Tracking Journal

Name _____ Week of _____

Exercise Goals _____

FITT Tracking

Resting Heart Rate: _____ Maximal Heart Rate (HR_{max}): _____

Target Heart Rate by Intensity: **L** = _____ **M** = _____ **V** = _____

	Exercise	Intensity	Time (min.)	Type	Comments
Sunday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Monday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Tuesday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Wednesday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Thursday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Friday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Saturday Date: _____	<input type="checkbox"/> Cardio/Aerobic <input type="checkbox"/> Strength/Resistance <input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Balance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> V	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

L = Light M = Moderate V = Vigorous

Comments _____