



# Exercise Goals and Tracking Journal

Name \_\_\_\_\_ Week of \_\_\_\_\_

**Exercise Goals** \_\_\_\_\_

## FITT Tracking

Resting Heart Rate: \_\_\_\_\_ Maximal Heart Rate (HR<sub>max</sub>): \_\_\_\_\_

Target Heart Rate by Intensity: **L** = \_\_\_\_\_ **M** = \_\_\_\_\_ **V** = \_\_\_\_\_

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

**L = Light M = Moderate V = Vigorous**

Comments \_\_\_\_\_