

Please record every exercise session including time (min), number of circuits, number of repetitions and weight/intensity (eg treadmill 3 x 3min x 4)

DATE													Goal for the week
													<div><input type="checkbox"/></div>
<b>Program check</b>		Pacing <input type="checkbox"/>		Sleep <input type="checkbox"/>		Goals <input type="checkbox"/>		Graded activity <input type="checkbox"/>		Graded exercise <input type="checkbox"/>		Medication <input type="checkbox"/>	
													<div><input type="checkbox"/></div>
<b>Program check</b>		Medication <input type="checkbox"/>		Sleep <input type="checkbox"/>		Goals <input type="checkbox"/>		Graded activity <input type="checkbox"/>		Graded exercise <input type="checkbox"/>		Pacing <input type="checkbox"/>	
													<div><input type="checkbox"/></div>
<b>Program check</b>		Medication <input type="checkbox"/>		Sleep <input type="checkbox"/>		Goals <input type="checkbox"/>		Graded activity <input type="checkbox"/>		Graded exercise <input type="checkbox"/>		Pacing <input type="checkbox"/>	