

DreadmillPhil.com

DreadmillPhil *D.M.P. Fitness*

Be Determined - Stay Motivated - Remain Passionate

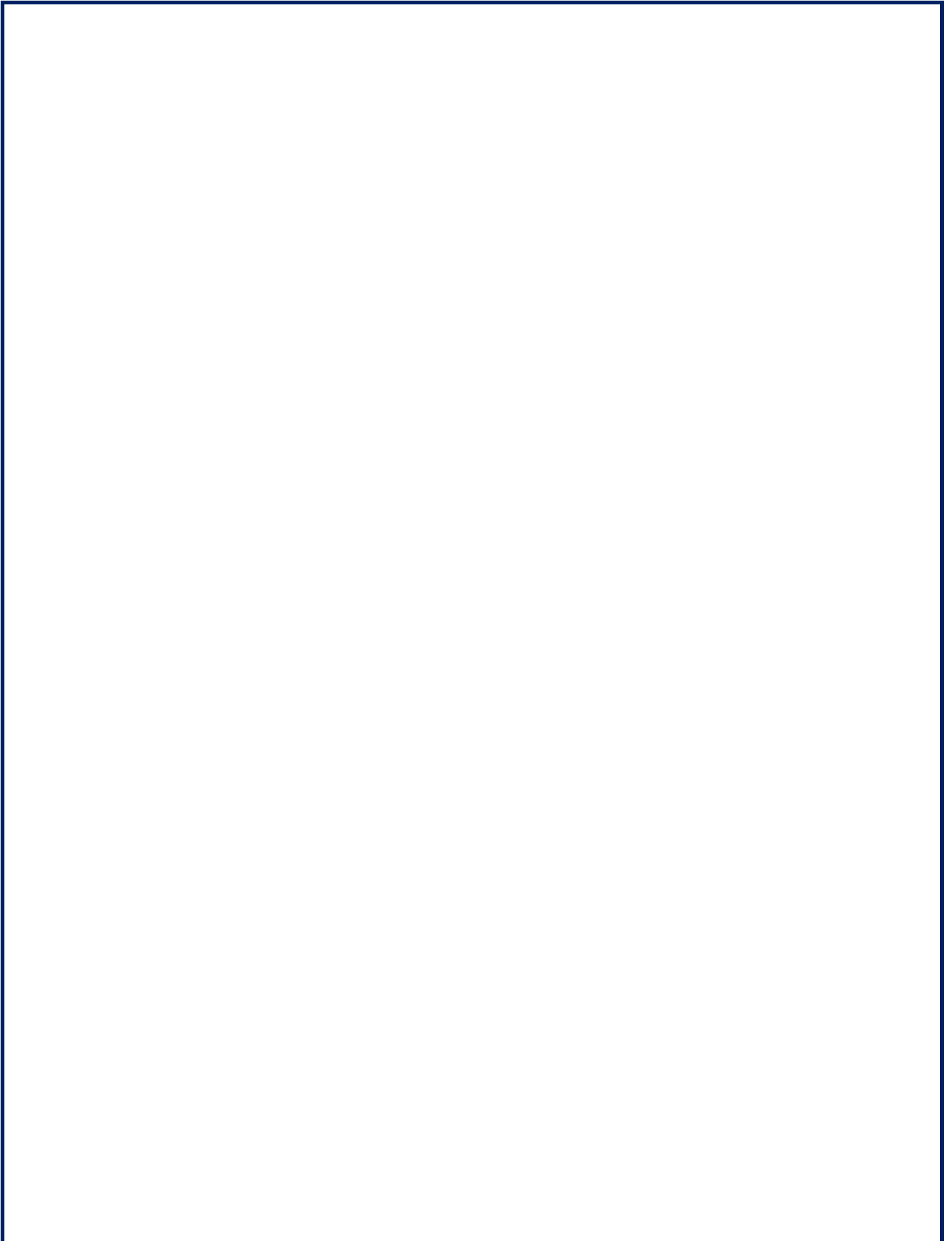
D.M.P. FITNESS JOURNAL

Three Month Fitness Journey

DETERMINATION – MOTIVATION – PASSION

Be the WOLF!

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D.M.P. FITNESS JOURNAL

THIS JOURNAL IS THE PROUD PROPERTY OF

START DATE

END DATE



DreadmillPhil
D.M.P. Fitness

Be Determined - Stay Motivated - Remain Passionate

D.M.P. FITNESS JOURNAL

STARTING STATS

WEIGHT	HEIGHT
BODY MASS INDEX	

STARTING MEASUREMENTS

NECK	CHEST
RIGHT UPPER ARM	LEFT UPPER ARM
RIGHT FOREARM	LEFT FOREARM
WAIST	HIPS
RIGHT THIGH	LEFT THIGH
RIGHT LOWER LEG	LEFT LOWER LEG

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Snacks Total						

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RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING			<input type="checkbox"/> YOGA			<input type="checkbox"/> PILATES			<input type="checkbox"/> OTHER			
DURATION			INTENSITY LEVEL						HEART RATE			
			<input type="checkbox"/> LOW		<input type="checkbox"/> MEDIUM		<input type="checkbox"/> HIGH		<input type="checkbox"/> INSANE			

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

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Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING <input type="checkbox"/> YOGA <input type="checkbox"/> PILATES <input type="checkbox"/> OTHER				
DURATION	INTENSITY LEVEL			HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE			

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

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DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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INTENSITY LEVEL

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DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE		
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES <input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT: (Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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DURATION

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING

 YOGA

 PILATES

 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN

 STRETCHING

 SMR

HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

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DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

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SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW
 MEDIUM
 HIGH
 INSANE

COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL?
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

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WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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LOW MEDIUM HIGH INSANE

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HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN **STRETCHING** **SMR**

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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D.M.P. FITNESS JOURNAL

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	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

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Page Totals					
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D.M.P. FITNESS JOURNAL

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Snacks Total						

Page Totals				
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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL
 LOW **MEDIUM** **HIGH** **INSANE**

HEART RATE

COOL DOWN

STRETCHING

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Page Totals					
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D.M.P. FITNESS JOURNAL

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Page Totals				
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Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE		
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES
	<input type="checkbox"/> OTHER	
DURATION	INTENSITY LEVEL	HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
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DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING			<input type="checkbox"/> YOGA			<input type="checkbox"/> PILATES			<input type="checkbox"/> OTHER		
DURATION				INTENSITY LEVEL					HEART RATE		
				<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM		<input type="checkbox"/> HIGH	<input type="checkbox"/> INSANE			

<input type="checkbox"/> COOL DOWN			<input type="checkbox"/> STRETCHING			<input type="checkbox"/> SMR		
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D.M.P. FITNESS JOURNAL

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	Amount	Calories	Fat	Carbs	Protein
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Page Totals				
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Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

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DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL
 LOW MEDIUM HIGH INSANE

HEART RATE

COOL DOWN STRETCHING SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
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Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
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D.M.P. FITNESS JOURNAL

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WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION **INTENSITY LEVEL** **HEART RATE**

LOW MEDIUM HIGH INSANE

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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

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D.M.P. FITNESS JOURNAL

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TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

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RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

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D.M.P. FITNESS JOURNAL

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Snacks Total						

Page Totals				
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Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH
		<input type="checkbox"/> INSANE	

COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN **STRETCHING** **SMR**

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

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LOW MEDIUM HIGH INSANE

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MACHINE CLASS RUN/WALK/BIKE OTHER

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INTENSITY LEVEL

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PACE

HEART RATE

D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL?
 CRAPPY
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE		
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES <input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

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WARM UP STRETCHING SMR

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN **STRETCHING** **SMR**

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH
		<input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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LOW MEDIUM HIGH INSANE

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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WARM UP STRETCHING SMR

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MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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DESCRIPTION OF TRAINING / ACTIVITY

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		HEART RATE

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING

 YOGA

 PILATES

 OTHER

DURATION	INTENSITY LEVEL	HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

COOL DOWN

 STRETCHING

 SMR

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

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SMR

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING			<input type="checkbox"/> YOGA			<input type="checkbox"/> PILATES			<input type="checkbox"/> OTHER			
DURATION				INTENSITY LEVEL					HEART RATE			
				<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM		<input type="checkbox"/> HIGH	<input type="checkbox"/> INSANE				

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

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Snacks Total						

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Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

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Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE		
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES <input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Lunch Totals					
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Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

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WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN
 STRETCHING
 SMR

HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT: (Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

COOL DOWN STRETCHING SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING

 YOGA

 PILATES

 OTHER

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN STRETCHING SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE		
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES
		<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE						
<input type="checkbox"/> STRETCHING		<input type="checkbox"/> YOGA		<input type="checkbox"/> PILATES		<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL				HEART RATE	
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH	<input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

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WARM UP STRETCHING SMR

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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Breakfast Totals					
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Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Snacks Total						

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Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

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D.M.P. FITNESS JOURNAL

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TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Lunch Totals					
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
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D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL	HEART RATE	
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Lunch Totals					
SUPPER TIME:					
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Page Totals				
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Vitamin/Supplement	Amount	Time	Brand

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D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

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WARM UP STRETCHING SMR

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DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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D.M.P. FITNESS JOURNAL

TYPE OF EXERCISE	RESISTANCE / STRENGTH TRAINING					
	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
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Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
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Page Totals				
Calories	Calories	Fat	Carbs	Protein

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Vitamin/Supplement	Amount	Time	Brand

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D.M.P. FITNESS JOURNAL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

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D.M.P. FITNESS JOURNAL

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TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

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<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
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	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

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D.M.P. FITNESS JOURNAL

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Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE						
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER			
DURATION	INTENSITY LEVEL				HEART RATE	
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH	<input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

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D.M.P. FITNESS JOURNAL

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DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING
 YOGA
 PILATES
 OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW
 MEDIUM
 HIGH
 INSANE

COOL DOWN
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HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

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WARM UP STRETCHING SMR

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	HEART RATE
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COOL DOWN **STRETCHING** **SMR**

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW MEDIUM HIGH INSANE

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

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WARM UP STRETCHING SMR

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MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN **STRETCHING** **SMR**

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING

 YOGA

 PILATES

 OTHER

DURATION

INTENSITY LEVEL

HEART RATE

LOW
 MEDIUM
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COOL DOWN

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HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

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WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
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Breakfast Totals					
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Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
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Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

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RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE	

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

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WEIGHT:

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Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

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INTENSITY LEVEL

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D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH
			<input type="checkbox"/> INSANE

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
LUNCH TIME:					
Lunch Totals					
SUPPER TIME:					
Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

Snacks						
Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

Page Totals				
Calories	Calories	Fat	Carbs	Protein

Vitamins/Supplements			
Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

DAY OF WEEK SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE _____ WEEK # _____

WARM UP STRETCHING SMR

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #1

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #2

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

CARDIOVASCULAR TRAINING / ACTIVITY WORKOUT #3

MACHINE CLASS RUN/WALK/BIKE OTHER

DESCRIPTION OF TRAINING / ACTIVITY

LOCATION

INTENSITY LEVEL

LOW MEDIUM HIGH INSANE

DURATION

PACE

HEART RATE

D.M.P. FITNESS JOURNAL

RESISTANCE / STRENGTH TRAINING

TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

<input type="checkbox"/> STRETCHING <input type="checkbox"/> YOGA <input type="checkbox"/> PILATES <input type="checkbox"/> OTHER				
DURATION	INTENSITY LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE			HEART RATE

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL?
 CRAPPY
 TIRED
 ALRIGHT
 GOOD
 AMAZING

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Supper Totals					

Page Totals					
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D.M.P. FITNESS JOURNAL

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Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

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TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

DURATION

INTENSITY LEVEL

HEART RATE

LOW **MEDIUM** **HIGH** **INSANE**

COOL DOWN

STRETCHING

SMR

HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

FOOD JOURNAL

WEIGHT:

(Only if obtained)

Food/Beverage	BREAKFAST		TIME:		
	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Lunch Totals					
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
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Vitamin/Supplement	Amount	Time	Brand

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Total Ounces:					

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D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

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TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING **YOGA** **PILATES** **OTHER**

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D.M.P. FITNESS JOURNAL

FOOD JOURNAL

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	Amount	Calories	Fat	Carbs	Protein
Breakfast Totals					
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
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Page Totals				
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Vitamin/Supplement	Amount	Time	Brand

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Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

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	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE

STRETCHING YOGA PILATES OTHER

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INTENSITY LEVEL
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HOW DO YOU FEEL? CRAPPY TIRED ALRIGHT GOOD AMAZING

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	Amount	Calories	Fat	Carbs	Protein
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Page Totals					
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D.M.P. FITNESS JOURNAL

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Food/Beverage	Time	Amount	Calories	Fat	Carbs	Protein
Snacks Total						

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Vitamin/Supplement	Amount	Time	Brand

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D.M.P. FITNESS JOURNAL

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	WGT	REPS	WGT	REPS	WGT	REPS

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D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

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	WGT	REPS	WGT	REPS	WGT	REPS

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STRETCHING YOGA PILATES OTHER

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D.M.P. FITNESS JOURNAL

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RESISTANCE / STRENGTH TRAINING						
TYPE OF EXERCISE	SET #1		SET #2		Set #3	
	WGT	REPS	WGT	REPS	WGT	REPS

STRETCHING / FLEXIBILITY / BALANCE			
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> YOGA	<input type="checkbox"/> PILATES	<input type="checkbox"/> OTHER
DURATION	INTENSITY LEVEL		HEART RATE
	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> INSANE		

<input type="checkbox"/> COOL DOWN	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> SMR
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HOW DO YOU FEEL? **CRAPPY** **TIRED** **ALRIGHT** **GOOD** **AMAZING**

D.M.P. FITNESS JOURNAL

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D.M.P. FITNESS JOURNAL

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Vitamin/Supplement	Amount	Time	Brand

Water Intake (Water Only)					
Time	Ounces	Time	Ounces	Time	Ounces
Total Ounces:					

Comments about the day:

D.M.P. FITNESS JOURNAL

ENDING STATS

WEIGHT	HEIGHT
BODY MASS INDEX	

ENDING MEASUREMENTS

NECK	CHEST
RIGHT UPPER ARM	LEFT UPPER ARM
RIGHT FOREARM	LEFT FOREARM
WAIST	HIPS
RIGHT THIGH	LEFT THIGH
RIGHT LOWER LEG	LEFT LOWER LEG