Monthly Workout Record

Month of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Weigh-In
Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Weight: Total Lost:
Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Weight: Total Lost:
Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Weight: Total Lost:
Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Weight: Total Lost:
Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Activity: Duration:	Weight: Total Lost: