

# Monthly Workout Record

Month of \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Weigh-In
<input type="checkbox"/>	Weight: Total Lost:						
Activity:							
Duration:	Weight: Total Lost:						
<input type="checkbox"/>							
Activity:	Weight: Total Lost:						
Duration:							
<input type="checkbox"/>	Weight: Total Lost:						
Activity:							
Duration:	Weight: Total Lost:						
<input type="checkbox"/>							
Activity:	Weight: Total Lost:						
Duration:							