

Monthly Workout Record

Month of _____

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