

Date Time

Goal

What did you actually do?

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**How did you feel? Circle your choice and note your feelings.
A indicates doing very well, F indicates not able to complete goals and not feeling well.**

A B C D E F

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**How fatigued did you feel after exercise? Circle your choice and note your feelings.
0 is no fatigue, 10 is extreme fatigue.**

0 1 2 3 4 5 6 7 8 9 10

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