

DATE: _____ WEEK: _____

FITNESS PLAN FOR THE DAY			
	Activity	Duration	Done
CARDIO			
UPPER			
ABS			
LOWER			
OTHER			

CARDIOVASCULAR EXERCISE			
Duration	Exercise	H.R.	Cals
Total Calories:			
Notes: _____			

STRENGTH TRAINING			
Area	Exercise	set/rep	Weight
Approx. Calories:			
Notes: _____			

OTHER			
Duration	Activity	HR	Cals
Total Calories:			

NUTRITION						
	Item	Protein	Carbs	Fat	Fiber	Calories
BREAKFAST						
SNACK						
LUNCH						
SNACK						
DINNER						
SNACK						
Total:						
WATER						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAILY REVIEW	
Did I meet my goals today?	_____
What can I learn from today?	_____



**HARRIS
OPTIMUM
FITNESS**

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