NAME: _____ DOB:_____ MONTH:_____ YEAR:_____

Day	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W
Date																															

DAILY TRAINING HOURS

																																Totals
5																																
4																																
3																																
2																																
1																																

TIME IN ZONES (MINUTES)

Race																																
Hill Efforts																																
Long Intervals																																
Short Intervals																																
E4																																
E3																																
E2																																
Recovery																																
Total Minutes																																

TRAINING INTENSITY

7. Killer																																
6. Tough																																
5. Hard																																
4. Average																																
3. Firm																																
2. Cruising																																
1. Breeze																																

PERFORMANCE ENHANCEMENT

Weight Training																																
Mental Skills																																
Massage																																
Flexibility																																
Other																																

DAILY MEASUREMENTS

FATIGUE (PERCEPTION)

5. Dead																																
4. Heavy																																
3. So-So																																
2. Fresh																																
1. Excellent																																

ATTITUDE TOWARDS TRAINING - MOOD

5. Shocker																																
4. Poor																																
3. Okay																																
2. Good																																
1. Great																																

RECOVERY ISSUES

Sleep - Good																																
Sleep - Okay																																
Sleep - Poor																																

< 7 Hours																																
7-9 Hours																																
> 9 Hours																																

RHR																																
AM Weight																																
Illness																																
Injury																																
Travel																																
Physio																																
Competition																																
Lifestyle Stresses																																
Poor Diet																																

SELF-DEFINED MEASURES

_____																																
_____																																
_____																																