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

_____																																_____
_____																																_____
_____																																_____