

Name _____

TRAINING CHART

Please mark down how often you spent in Quiet Time (0,1,or 2 times) & the type and length in minutes of exercise.

Fill in totals

		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTALS
WEEK 1	Quiet Time								
	Workout								
WEEK 2	Quiet Time								
	Workout								
WEEK 3	Quiet Time								
	Workout								
WEEK 4	Quiet Time								
	Workout								
WEEK 5	Quiet Time								
	Workout								
WEEK 6	Quiet Time								
	Workout								
WEEK 7	Quiet Time								
	Workout								
WEEK 8	Quiet Time								
	Workout								
WEEK 9	Quiet Time								
	Workout								

Date Started _____