

# TRAINING JOURNAL



MONTH:			NAME:								(Write the score in each box).			
<b>BODY WEIGHT</b>		<b>DAY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>WEIGHT (kg)</b>	<b>GAIN</b>	<b>LOSE</b>												
	5	-5												
	4	-4												
	3	-3												
	2	-2												
	1	-1												
	0	0												
	-1	1												
	-2	2												
	-3	3												
	-4	4												
	-5	5												
<b>SLEEP HOURS</b>	<b>HOURS</b>	<b>SCORE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
	12+	4												
	11	3												
	10	2												
	9	1												
	8	0												
	7	-1												
	6	-2												
	5	-3												
	4	-4												
	3-	-5												
<b>SLEEP QUALITY</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>VERY DEEP</b>		2												
<b>NORMAL</b>		0												
<b>RESTLESS</b>		-2												
<b>MENTAL CLARITY</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>VERY CLEAR</b>		2												
<b>NORMAL</b>		0												
<b>FOGGY</b>		-2												
<b>TIREDDNESS SENSATION</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>RESTED</b>		2												
<b>NORMAL</b>		0												
<b>TIRED</b>		-2												
<b>BOLT SCORE</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>HIGHER</b>		2												
<b>NORMAL</b>		0												
<b>LOWER</b>		-2												
<b>TRAINING WILLINGNESS</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>HIGH</b>		2												
<b>ABOVE AVG.</b>		1												
<b>AVERAGE</b>		0												
<b>LOW</b>		-1												
<b>NOT AT ALL</b>		-2												
<b>APPETITE</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>VERY GOOD</b>		2												
<b>GOOD</b>		1												
<b>NORMAL</b>		0												
<b>POOR</b>		-1												
<b>NOT AT ALL</b>		-2												
<b>OVERALL SORENESS</b>		<b>DAY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	
<b>NONE</b>		2												
<b>SLIGHT</b>		0												
<b>MILD (3-4)</b>		-2												
<b>MODERATE (5-7)</b>		-4												
<b>EXTREME (8-10)</b>		-6												
<b>TOTAL SCORE</b>														

# TRAINING JOURNAL



MONTH:		NAME:									(Write the score in each box).			
BODY WEIGHT	DAY	12	13	14	15	16	17	18	19	20	21	22		
WEIGHT (kg)	GAIN LOSE													
	5	-5												
	4	-4												
	3	-3												
	2	-2												
	1	-1												
	0	0												
	-1	1												
	-2	2												
	-3	3												
	-4	4												
	-5	5												
SLEEP HOURS	HOURS	SCORE	12	13	14	15	16	17	18	19	20	21	22	
	12+	4												
	11	3												
	10	2												
	9	1												
	8	0												
	7	-1												
	6	-2												
	5	-3												
	4	-4												
	3-	-5												
SLEEP QUALITY	DAY:	12	13	14	15	16	17	18	19	20	21	22		
VERY DEEP	2													
NORMAL	0													
RESTLESS	-2													
MENTAL CLARITY	DAY:	12	13	14	15	16	17	18	19	20	21	22		
VERY CLEAR	2													
NORMAL	0													
FOGGY	-2													
TIREDNESS SENSATION	DAY:	12	13	14	15	16	17	18	19	20	21	22		
RESTED	2													
NORMAL	0													
TIRED	-2													
BOLT SCORE	DAY:	12	13	14	15	16	17	18	19	20	21	22		
HIGHER	2													
NORMAL	0													
LOWER	-2													
TRAINING WILLINGNESS	DAY:	12	13	14	15	16	17	18	19	20	21	22		
HIGH	2													
ABOVE AVG.	1													
AVERAGE	0													
LOW	-1													
NOT AT ALL	-2													
APPETITE	DAY:	12	13	14	15	16	17	18	19	20	21	22		
VERY GOOD	2													
GOOD	1													
NORMAL	0													
POOR	-1													
NOT AT ALL	-2													
OVERALL SORENESS	DAY:	12	13	14	15	16	17	18	19	20	21	22		
NONE	2													
SLIGHT	0													
MILD (3-4)	-2													
MODERATE (5-7)	-4													
EXTREME (8-10)	-6													
TOTAL SCORE														

# TRAINING JOURNAL



MONTH:			NAME:								(Write the score in each box).	
<b>BODY WEIGHT</b>	<b>DAY</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
<b>WEIGHT (kg)</b>	<b>GAIN</b>	<b>LOSE</b>										
	5	-5										
	4	-4										
	3	-3										
	2	-2										
	1	-1										
	0	0										
	-1	1										
	-2	2										
	-3	3										
	-4	4										
	-5	5										
<b>SLEEP HOURS</b>	<b>HOURS</b>	<b>SCORE</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
	12+	4										
	11	3										
	10	2										
	9	1										
	8	0										
	7	-1										
	6	-2										
	5	-3										
	4	-4										
	3-	-5										
<b>SLEEP QUALITY</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
VERY DEEP	2											
NORMAL	0											
RESTLESS	-2											
<b>MENTAL CLARITY</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
VERY CLEAR	2											
NORMAL	0											
FOGGY	-2											
<b>TIREDDNESS SENSATION</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
RESTED	2											
NORMAL	0											
TIRED	-2											
<b>BOLT SCORE</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
HIGHER	2											
NORMAL	0											
LOWER	-2											
<b>TRAINING WILLINGNESS</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
HIGH	2											
ABOVE AVG.	1											
AVERAGE	0											
LOW	-1											
NOT AT ALL	-2											
<b>APPETITE</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
VERY GOOD	2											
GOOD	1											
NORMAL	0											
POOR	-1											
NOT AT ALL	-2											
<b>OVERALL SORENESS</b>	<b>DAY:</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
NONE	2											
SLIGHT	0											
MILD (3-4)	-2											
MODERATE (5-7)	-4											
EXTREME (8-10)	-6											
<b>TOTAL SCORE</b>												

Please make a copy of these blank sheets for every month of training.

## HOW TO USE THIS JOURNAL

BODY WEIGHT		DAY	14
WEIGHT (kg)	GAIN	LOSE	
	5	-5	
	4	-4	
	3	-3	
	2	-2	
	1	-1	<b>1</b>
	0	0	
	-1	1	
	-2	2	
	-3	3	
	-4	4	
	-5	5	
SLEEP HOURS		HOURS	SCORE
	12+	4	
	11	3	
	10	2	
	9	1	
	8	0	
	7	-1	<b>-1</b>
	6	-2	
	5	-3	
	4	-4	
	3-	-5	
SLEEP QUALITY		DAY:	14
VERY DEEP		2	<b>2</b>
NORMAL		0	
RESTLESS		-2	
MENTAL CLARITY		DAY:	14
VERY CLEAR		2	
NORMAL		0	<b>0</b>
FOGGY		-2	
TIREDNESS SENSATION		DAY:	14
RESTED		2	
NORMAL		0	
TIRED		-2	<b>-2</b>
BOLT SCORE		DAY:	14
HIGHER		2	
NORMAL		0	
LOWER		-2	<b>-2</b>
TRAINING WILLINGNESS		DAY:	14
HIGH		2	
ABOVE AVG.		1	
AVERAGE		0	
LOW		-1	<b>-2</b>
NOT AT ALL		-2	
APPETITE		DAY:	14
VERY GOOD		2	<b>2</b>
GOOD		1	
NORMAL		0	
POOR		-1	
NOT AT ALL		-2	
OVERALL SORENESS		DAY:	14
NONE		2	
SLIGHT		0	
MILD (3-4)		-2	
MODERATE (5-7)		-4	<b>-4</b>
EXTREME (8-10)		-6	
<b>TOTAL SCORE</b>			<b>-6</b>

WEIGH YOURSELF AT THE START OF THIS PROGRAM ('STARTING WEIGHT').  
 IF YOU ARE PLANNING TO LOSE WEIGHT THEN ADD A SCORE TO THE 'LOSE' COLUMN  
 IF YOU ARE PLANNING TO GAIN WEIGHT THEN ADD A SCORE TO THE 'GAIN' COLUMN

IN THIS EXAMPLE THE ATHLETE IS TRYING TO GAIN WEIGHT.  
 THIS MORNING THEY WEIGHED IN AT 1KG MORE THAN THEIR STARTING WEIGHT

LAST NIGHT THE ATHLETE ACHIEVED 7 HOURS OF SLEEP.

LAST NIGHT THE ATHLETE ACHIEVED 7 HOURS OF DEEP SLEEP.

THIS MORNING THE ATHLETE FELT THAT THEIR MENTAL CLARITY WAS THE SAME AS USUAL.

THEY FELT THAT THEY WOKE UP TIRED.

THEY SCORED SLIGHTLY LOWER THAN THEIR AVERAGE BOLT SCORE

THEY FELT LESS WILLING TO TRAIN THAN USUAL.

WOKE UP VERY HUNGRY AND THEY ATE WELL THROUGHOUT THE DAY.

THEY FELT GENERALLY OK BUT VERY SORE IN AREAS WHICH THEY WORKED HARD OVER THE PAST 3 DAYS.

AT THE END OF THE MONTH CALCULATE THE AVERAGE SCORE FOR THAT PERIOD.

AFTER 28-DAYS IF THE AVERAGE DAILY TOTAL IS:

BELOW ZERO: INDICATES THAT THE OVERALL VOLUME & INTENSITY OF THE PROGRAM IS TOO HIGH.

ZERO TO +2: INDICATES THAT THE OVERALL VOLUME & INTENSITY OF THE PROGRAM IS JUST RIGHT.

3+ OR ABOVE: INDICATES THAT THE OVERALL VOLUME & INTENSITY OF THE PROGRAM IS TOO LIGHT.