

# Daily fitness assessment



Chart your weight-training progress daily by writing in the specific exercises you'll select from your Personal Fitness Guide. Each time you train, fill in the date and amount of weight lifted each repetition. This will help you keep track of how you're progressing.

Date: \_\_\_ / \_\_\_ / \_\_\_

## UPPER BODY EXERCISES

Make photocopies for additional sheets.

	Exercise/choose one from each group	Reps	Weight Lifted	Notes
<b>Chest</b>	1. Barbell Bench Press      4. Dumbbell Incline Press	x12		
	2. Barbell Incline Press      5. Dumbbell Flyes	x10		
	3. Dumbbell Bench Press      6. Cable Crossovers	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
<b>Back</b>	1. Pull-Ups      4. Seated Cable Rows	x12		
	2. Wide-Grip Lat Pulldown      5. Back Extensions	x10		
	3. One-Arm Dumbbell Rows      6. Straight-Arm Pulldowns	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
<b>Shoulders</b>	1. Seated Dumbbell Press      4. Reverse Flyes	x12		
	2. Front Raises      5. Upright Cable Rows	x10		
	3. Lateral Raises      6. Upright Barbell Rows	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
<b>Biceps</b>	1. Alternate Dumbbell Curls      4. Concentration Curls	x12		
	2. Barbell Curls      5. Cable Curls	x10		
	3. Preacher Curls      6. Hammer Curls	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
<b>Triceps</b>	1. Seated Triceps Presses      4. Triceps Pushdowns	x12		
	2. Lying Triceps Presses      5. Cable Extensions	x10		
	3. Triceps Kickbacks      6. Bench Dips	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		

Note: Consult with your physician or healthcare provider before commencing any new exercise, nutrition or supplementation program, particularly if you use prescription or over-the-counter medications, or if you are being treated by a healthcare provider for any chronic or medical condition. No representations are made about the results you may achieve from following the program; as every individual is unique, there are no typical results that you can expect from following these exercise, nutrition and supplement recommendations.

See Other Side For Lower Body Exercises

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Date:      /      /     

## LOWER BODY EXERCISES

Make photocopies for additional sheets.

	Exercise/choose one from each group	Reps	Weight Lifted	Notes
Quadriceps	1. Barbell Squats	x12		
	2. Leg Presses	x10		
	3. Leg Extensions	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
Hamstrings	1. Dumbbell Lunges	x12		
	2. Straight-Leg Deadlifts	x10		
	3. Lying Leg Curls	x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
Calves	1. Seated Calf Raises	x12		
	2. Standing Heel Raises	x10		
		x 8		
		x 6		
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		
Abs	1. Floor Crunches	x12		
	2. Oblique Floor Crunches	x10		
	3. Decline Crunches	x 8		
	4. Decline Oblique	x 6		
	5. Hanging Knee Raises	x12		
6. Reverse Crunches	x10			
7. Cable Crunches	x 8			
8. Cable Oblique Crunches	x 6			
	▶ Fill-in exercise chosen	x12		
	▶ Choose another exercise from the same group	x12		

**Try increasing your weight on each set, but never sacrifice your form.**

Additional notes:

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See Other Side For Upper Body Exercises