

My HOMEX TRAINING AGENDA

Training week: _____

Week start date: _____

Time: before after breakfast / before after lunch / before after dinner

My weekly goal: _____

My reward: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
	Core	Legs	Arms	Core	Legs	Arms	free	
Warm-Up								
Number of exercises								
Stretching								
How was the training?	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	<input type="checkbox"/> too easy <input type="checkbox"/> good <input type="checkbox"/> too difficult <input type="checkbox"/> didn't train <input type="checkbox"/> Other*	

Weekly review

Goal reached? yes / no

Reward received? yes / no

What went well and what I did particularly well:

What didn't go so well:

Inspiration and adaptation ideas for next week:

* Other things I want to note down for this week:
