STEADFAST

STRENGTH AND MOBILITY, LLC

TRAINING AND ENERGY JOURNAL

01 My plan

Name: _____ **Week beginning:** _____

Use this page with your coach. Record clinical guidance in your clinician's words.

Leave unknowns blank and ask for clarification before planning around them.

MY GOALS AND CLINICAL GUIDANCE

What I want to work toward:

Permitted activities, restrictions, and when to pause or seek advice:

Guidance from / date: _____ **Review due:** _____

MY PLANNED SESSIONS

Day / time	Activity / setup	Agreed amount / effort / limits

OPTIONS AGREED WITH MY COACH

If the planned session no longer fits:

Agreed adjustment, rest, or pause plan:

Questions to clarify / next coaching review:

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02 My week

Week beginning: _____ **Name:** _____

Record activity or rest. Use your own words for energy, such as low, usual, or high.

For effort, use easy, moderate, or hard. Note later observations without assigning a cause.

No total score. An entry does not tell you whether exercise is safe or appropriate.

Day / date	Activity / amount and effort	Energy before and afterward	Later that day / next day observations or questions
		Before: After:	
		Before: After:	
		Before: After:	
		Before: After:	
		Before: After:	
		Before: After:	
		Before: After:	

Rest days are valid entries. Record changes you want to discuss, including later changes.

QUESTIONS FOR MY COACH OR CLINICIAN

Review date / agreed next step: _____

Follow your clinical guidance. Bring symptom concerns to your treating clinician; do not wait for a routine coaching review when you need medical advice.