

simple

Individual Training Journal

Name:

Team:

Week No.:

	Sport (which, how long and how intensively)	Recovery and stretching (in minutes)	Feelings* (pain, sickness)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Week evaluation:

*Intensity scale from 1 to 5: 1 = very good 2 = good 3 = neutral 4 = worse 5 = very bad