

**Exercise Diary for:  
Week (    )**

	What activity and how long did you do? Who with? Where?	How intensive was it for you? 1 = Not at all intensive 10 = Very intensive	How did you feel?
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			