THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Exercise Goals and Tracking Journal

Name _____ *Week of* _____

Exercise Goals:

FITT Tracking

Resting Heart Rate: _____ Maximal Heart Rate (HR_{max}): _____

Target Heart Rate by Intensity: L = _____ M = _____ V = _____

Sunday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

Monday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

Tuesday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

L = Light M = Moderate V= Vigorous

Wednesday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

Thursday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

Friday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

Saturday Date: _____

☐ **Exercise: Cardio/Aerobic**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Strength/Resistance**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Flexibility/Stretching**
Intensity: ☐ L ☐ M ☐ V Time: _____ Type: _____

☐ **Exercise: Balance**
Intensity: N/A Time: _____ Type: _____

L = Light M = Moderate V= Vigorous

Comments: