

WEEKLY WORKOUT PLANNER

NAME:	WEEK OF:	GOAL:
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DAY	FOCUS	EXERCISES	TIME/SETS
MON	UPPER BODY		
TUES	CARDIO & CORE		
WEDS	LOWER BODY		
THURS	RECOVERY / YOGA		
FRI	FULL BODY		
SAT	HIIT		
SUN	REST / STRETCH		

WEEKLY NOTES	
BEST WORKOUT:	WATER INTAKE: ____ L/DAY
IMPROVEMENT NEEDED:	TOTAL TIME SPENT: ____ MINS/WEEK

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PT Brinkman



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