

**Athlete Daily Training Log**

	Name																														
	Month																														
Length of Sleep	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>12+ Hours</b>																															
<b>11</b>																															
<b>10</b>																															
<b>9</b>																															
<b>8</b>																															
<b>7</b>																															
<b>6</b>																															
<b>5</b>																															
<b>4</b>																															
<b>3 or Less</b>																															
<b>Quality of Sleep</b>																															
<b>Very Deep</b>																															
<b>Normal</b>																															
<b>Resless</b>																															
<b>Bad with Breaks</b>																															
<b>Not at all</b>																															
<b>Tiredness Sensation</b>																															
<b>Very Rested</b>																															
<b>Normal</b>																															
<b>Very Tired</b>																															
<b>Painful Tiredness</b>																															
<b>Appetite</b>																															
<b>Very Good</b>																															
<b>Good</b>																															
<b>Poor</b>																															
<b>Eat Because Should</b>																															
<b>Did Not Eat</b>																															
<b>Competitive Willingness</b>																															
<b>High</b>																															
<b>Average</b>																															
<b>Low</b>																															
<b>Not at all</b>																															
<b>Strength Routine (Y or N)</b>																															
<b>Stretching @ Home (Y or N)</b>																															
<b>5 Min. of Visualization (Y or N)</b>																															
<b>Recovery Modalities (Y or N)</b>																															
<b>1-low 10-high</b>																															
<b>Stress Level</b>																															
<b>Enjoyment Level</b>																															
<b>Concentration Level</b>																															
<b>Body Fatigue/Soreness</b>																															
<b>Sense of Accomplishment</b>																															
<b>Left Leg Pain</b>																															
<b>Right Leg Pain</b>																															
<b>Practice Goals Met (Y or N)</b>																															
<b>Performance Goals Met</b>																															
<b>Notes</b>																															

\*Recovery Modalities could be icing, hot shower and stretch, cold tubs, sauna, massage, chiropractic, etc