THE NEIGHBORHOOD CLINIC

WEEKLY WORKOUT DIARY

Track movement, effort, recovery, and progress

Name: _____ Week of: _____ Next visit: _____

DAY	ACTIVITY walk, strength, stretch, etc.	TIME minutes	EFFORT easy / moderate / hard	STEPS / SETS / REPS optional details	RECOVERY + NOTES pain, energy, sleep, wins
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

Your notes help your TNC care team see patterns and personalize support.

Stop and seek guidance for chest pain, fainting, or severe shortness of breath.