NON-ACTIVTRAX WORKOUT FORM

Use this form to record exercise activities that you performed in addition to your ActivTrax or other prescribed workouts.



Member Information						
First Name:			Last Name:			
Home Phone:						
Activities Performed						
Use the space below more than one date,			-	on a partic	ular date. To log	activity for
Date of Activity:			Start Time:		a.m./p.m. (circle one)	
Body Weight (optional):		lbs.	RHR (optional):			ВРМ
Activity Type/Letter See legend below	Distance # and Units	Duration H: M: S	Average Heart Rate # BPM	Calories # KCal	Comments	
1.						
2.						
3.						
4.						
5.						
Activities Legend A. Abdominal Training B. Aerobic C. Boot Camp D. Elliptical Trainer E. Kick Boxing F. Martial Arts G. Pilates		H. Recumbent Bike I. Resistance Training J. Row Machine K. Running L. Ski Machine M. Spinning N. Stairmaster		O. Stretching P. Swimming Q. Treadmill R. Upright Bike S. Walking T. Yoga U. Other		

ACTIVITY ID: NATX