

Daily Monitoring

Day	Month														Year														
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	
Date																													
Week #																													

**Workload; This is a general overview**

Very Heavy																												
Heavy																												
Moderate																												
Light																												
Rest/ Day Off																												

**Competition, Training and Travel**

Competition																												
Travel Day																												
Training/ Practice																												
# Of Arrows Shot																												
Minutes Training																												
Training w/ Coach																												
Weekly Arrows/ Time																												

**Quality Index of Training**

Good																												
Average																												
Poor																												

**Conditioning Training**

Aerobic Training																												
Training Heart Rate																												
Pulse after 1 minute																												
Strength Training																												
Flexibility Training																												
Warm Up																												
Cool Down																												
Daily Total																												
Weekly Total																												

**Fatigue Index**

Felt Good																												
OK																												
Tired/ Sore/ Stiff																												

**Performance Extras**

Massage																												
Physio/ Other																												
Visualization																												

**Mood Index; Generally, not including training**

Great																												
OK																												
Not Good																												
Stressed																												

**Health and Well Being**

Sick (inc Sore Throat)																												
Injured																												
Lethargic																												

**Sleep**

Restless/ Disturbed																												
Sleep (hours)																												

**Heart Rate and Weight**

Heart Rate (Resting)																												
Weight																												

**Food ( 3 = Good, 2 = OK, 1 = Poor)**

Quantity																												
Quality																												

**Hydration**

Fluid Intake (Litres)																												
Urine Colour																												

C = Clear, L = Light Yellow, D = Dark