



Marilyn Chychota Coaching, LLC

Training Progress Report

Overall difficulty for the training (Rating of 1-10....1 nothing.....5 easy, 7 moderate, 10 very difficult):

Overall life stress (Rating of 1-10....1 nothing.....5 easy, 7 moderate, 10 very difficult):

Things you liked about your training this week:

How well did you do in the following areas? (Rating of 1-10.....1 non-existent..... 5 poor, 7 moderate, 10 awesome)

Sleep quality:

Purposeful recovery activities:

Core Work/Flexibility:

Nutrition:

Hydration:

Life Management (i.e. School/work/family stress):

Scale 1--10 Rate the following:

- **Sleep**
- **Appetite**
- **Night Sweats**
- **Throat/Glands**
- **Anxiety**
- **Heart Rate**
- **Clumsiness**
- **Aches and Pains**
- **Mood**
- **Willingness to train**
- **Niggles or injury concern**

Goals you would like to achieve in this weeks training (the week you are about to begin):

**Cheers,
MC**