Name:							Tr	air'	ning	g Li	og										
Competitions:																					
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	<u> </u>		<u> </u>	4	5		<u>'</u>		7	10	- 11	12	13	14	13	10	17	10	17	20	21
Day of the Week																					
Date																					
Resting HR (beats/min) (AM):																					
Quality of Sleep (AM):																					
very restful better than normal		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
normal		0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0	0
disrupted		0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0 0	0
very poor	0	0	0		0			10	0		0						0				0
Length of Sleep (hours) (AM):																					
Willingness to Train (AM):		_											_								
very willing moderately willing	0	0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0	0
not very willing	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0
did not train	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mood State (AM):																					
very motivated above normal		0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0	0
normal		0	0	0	0	0	0	0	0	0		0	0	0		0	0		0	0	0
slightly unmotivated very unmotivated		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rating of Fatigue (AM):																					
low moderately low		0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0	0
moďerate	0	0	0	0	0	0	0	0	0 0	0 0		0	0	0 0 0	0	0	0	0	0	0	0
somewhat high high		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0
Rating of Muscle Soreness (AM):	-	-	-	-	-	-	-		-		-	•	-	-	-	-	-	-		
no pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
a little pain moderate pain		0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0 0	0 0
a lot of pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
severe pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ability to Recover (PM):																					
very good good	0	0	0	0	0	0	0	0	0 0	0	0 0	0	0	0	0	0	0	0	0	0	0
average		0	0 0	0	0 0	0			0	0	0	0	0	0	0		0	0	0	0	0
poor very poor		0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0
How much was your workout affected by illness? (PM)																					
not affected	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
a little moderately		0	0	0	0 0	0	0	0	0 0	0	0 0	0 0	0	0	0	0	0	0	0 0	0 0	0 0
very much	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
couldn't swim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Was your workout affected by pain or an injury? (PM) No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																					
Yes		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Menstrual Cycle (S or F) (PM):																					

Training Log

Date	Day	AM or	Total Workload Volume	Total Dryland Min	Main Set	Comments on Main Set	Performance on Main Set 1=poor 5=great
Date	Day		Volume	IVIIII	Walli Set	Comments on Main Set	J-great
	1	AM PM					
		AM					
	2	PM					
		AM					
	3	PM					
		АМ					
	4	PM					
	5	AM					
		РМ					
	6	AM					
	O	PM					
	7	AM					
	•	PM					
	8	AM					
		PM					
	9	AM					
	•	PM					
	10	AM					
		PM					
	11	AM					
		PM					
	12	AM PM					
	13	AM PM					
		AM					
	14	PM					
		AM					
	15	PM					
	16	АМ					
		PM					
	17	AM					
		PM					
	18	AM					
	.0	PM					
	19	AM					
		PM					
	20	AM					
		PM					
	21	AM					
		PM					

Training Log

A training log is a tool that can help improve your swimming performance. If used properly and accurately it may make training more effective in helping you understand yourself as a swimmer! This training log is designed to assist you in tracking changes in certain parameters over time. The monitoring of these variables is very important in providing feedback for you and your coach. This feedback may be used to adapt current and future training, as well as to monitor seasonal changes in these parameters. It should be completed on a daily basis, in order to accurately reflect trends and changes within those variables. To receive the most benefit from your training log, it should be used on a consistent and continuous basis. Initial use of the training log may take up to 10 minutes a day. However, after becoming accustomed to the training log, you should be able to complete the log in no more than 5 minutes a day!

Below is a description of each item on the training log along with the time of the day, morning (AM) or afternoon (PM), that the item should be evaluated:

Time of Day Item Should be Recorded o **Resting Heart Rate-** Record your resting heart rate **first** thing in AM the morning while you are still lying in a prone position (flat) in bed. Heart rate can be taken either on the neck or the wrist. Your heart rate should be counted for exactly one minute beginning with zero...1...2...3 and so on. Quality of Sleep- Record how well you slept the previous night AM based on a five-point scale ranging from "very poor" to "very restful". AM **Length of Sleep-** Record how long you slept in hours. This should include only those hours of actual sleep from the previous night (not reading in bed, watching TV, etc.). AM o Willingness to Train- Record your willingness to train based on a four-point scale ranging from "did not train" to "very willing". Willingness to train relates directly to your workout or practice session. Mood State- Record your mood state on a five-point scale ranging AM from "very unmotivated" to "very motivated". Mood state is a reflection of how you feel (your state of mind) on that day and your motivation. **Rating of Fatigue-** Record your fatigue level on a five-point scale AM ranging from "high" to "low". Fatigue can be described as a feeling of excessive whole-body tiredness and exhaustion that affects the ability to function normally due to lack of energy. Usually, sleep will not relieve the feelings of fatigue. Fatigue is a long-term or extended feeling of heaviness and exhaustion that can be cumulative over time.

0	Rating of Muscle Soreness- Record the rating of how sore your muscles are on a five-point scale ranging from "severe pain" to "no pain". Muscle soreness is different from feeling discomfort from an injury. Muscle soreness is pain, discomfort or tenderness in muscles that results from regular swim and dryland training.	AM
0	Ability to Recover- Record the rating of how well you can physically recover and recuperate after challenging sets and workouts based on a five-point scale ranging from "very poor" to "very good".	PM
0	How much was your workout affected by illness? Record how much an illness affected your workout on a five-point scale ranging from "couldn't swim" to "not affected".	PM
0	Was your workout affected by pain or an injury? Record whether or not your workout was affected by an injury (yes or no).	PM
0	Start/Finish of Menstrual Cycle- Record the day your menstrual cycle starts (S) and finishes (F) by placing the respective letter in the box.	PM
0	Total Workload Volume- Record actual total workload volume for each workout (in meters or yards). Morning and afternoon workout volumes should be recorded separately.	Both AM and PM
0	Total Dryland Minutes- Record total minutes spent doing dryland exercises, including weights, med balls, cords, abs, etc.	Both AM and PM
0	Main Set- Record the main set for each workout. The main set may also include test sets and time trials.	Both AM and PM
0	Comments on Main Set- Record any thoughts you have on your performance in the main set (how you felt, what you did or did not do well, etc.).	Both AM and PM
0	Performance on Main Set - Record how well you think you performed on the main set on a five-point scale (1=poor, 2=below average, 3=good, 4=above average, 5=great).	Both AM and PM

^{*} Note: Special care should be taken to read each scale and score the item according to that scale.