SWIMMING / NATATION CANDA - ATHLETE MONITORING CHART - FEMALE																											
NAME:																											
DATE:																											
DAY:																											
WEIGHT																											
SLEEP																											
8:00 PM	1																										
8:30 PM	2																										
9:00 PM	3																										
9:30 PM	4																										
10:00 PM	5																										
10:30 PM	6																										
11:00 PM	7																										
11:30 PM	8																										
12:00 AM	9																										
12:30 AM	10																										
1:00 AM	11																										
1:30 AM	12																										
2:00 AM	13																										
2:30 AM	14																										
3:00 AM	15																										
3:30 AM	16																										
4:00 AM	17																										
4:30 AM	18																										
5:00 AM	19																										
5:30 AM	20																										
6:00 AM	21																										
6:30 AM	22																										
7:00 AM	23																										
7:30 AM	24																										
8:00 AM	25																										
8:30 AM	26																										
9:00 AM	27																										
QUALITY																											
RATE 1-5																											
KIP/HRS.																											
NUTRITION :		**RATE 1-5 ON QUALITY**																									
BREAKFAST																											
LUNCH																											
DINNER																											
SNACKS																											
SUPPLEMENTS																											
CREATINE																											
TOTAL																											
TRAINING:		**RATE 1-5 ON QUALITY**																									
SWIMMING		**RECORD VOLUME IN KMS.**																									
VOLUME																											
QUALITY																											
DRYLAND		**RECORD IN TIME**																									
TIME																											
QUALITY																											
RECOVERY		**RATE 1-5 ON QUALITY**																									
TIME																											
QUALITY																											
PHYSICAL WELL BEING		**RATE 1-5 ON QUALITY**																									
EYES/EARS/NOSE/THROAT																											
MUSCLE SORENESS																											
FLEXIBILITY/SUPPLENESS																											
GENERAL WELL BEING																											
SWIM ABILITY		**RATE 1-5 ON QUALITY**																									
FEEL																											
RANGE OF MOTION																											
POWER																											
ENURANCE																											
PSYCHOLOGICAL		**RATE 1-5 ON QUALITY**																									
PSYCHOLOGICAL		**RATE 1-5 ON QUALITY**																									
ORGANIZATION																											
SATISFACTION																											
FRUSTRATION																											
CONFIDENCE																											
MOOD CONTROL																											