

# WORKOUT PLANNER



**Buku ini milik:**

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# TANTANGAN 30 HARI

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|         |         |         |         |
|---------|---------|---------|---------|
| Hari 01 | Hari 02 | Hari 03 | Hari 04 |
|         |         |         |         |
| Hari 05 | Hari 06 | Hari 07 | Hari 08 |
|         |         |         |         |
| Hari 09 | Hari 10 | Day 11  | Hari 12 |
|         |         |         |         |
| Hari 13 | Hari 14 | Hari 15 | Hari 16 |
|         |         |         |         |
| Hari 17 | Hari 18 | Tujuan  |         |
|         |         |         |         |



## LATIHAN HARIAN

**Tanggal:** \_\_\_\_\_

| Goal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | catatan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Water:           </div> | <div>Mood:      </div> |

| Meal        | Makanan | Jumlah | Kalori |
|-------------|---------|--------|--------|
| Sarapan     |         |        |        |
| Makan siang |         |        |        |
| Makan malam |         |        |        |
| Camilan     |         |        |        |
|             |         | Total  |        |

[illegible]

# Pemeriksaan mingguan

Minggu ke: \_\_\_\_\_

| Goal | Notes |
|------|-------|
|      |       |

|                              | Sen                      | Sel                      | Rab                      | Kam                      | Jum                      | Sab                      | Min                      |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Kardio                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lengan                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Otot perut dan otot obliques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bagian bawah tubuh           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Istirahat                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makanan sehat                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|          | Mulai | Selesai | Perbedaan | Catatan |
|----------|-------|---------|-----------|---------|
| Berat    |       |         |           |         |
| Lengan   |       |         |           |         |
| Dada     |       |         |           |         |
| Pinggang |       |         |           |         |
| Pinggul  |       |         |           |         |
| Paha     |       |         |           |         |
|          |       |         |           |         |
|          |       |         |           |         |
|          |       |         |           |         |