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| checklist | Time | Duration | Exercise | Type | Sets | Reps |
|--|---|----------|----------|------|------|------|
| 1. <input type="checkbox"/> Stretching | | | | | | |
| 2. <input type="checkbox"/> Warmup | | | | | | |
| 3. <input type="checkbox"/> Pre-Workout | | | | | | |
| 4. <input type="checkbox"/> Cardiovascular | | | | | | |
| 5. <input type="checkbox"/> Calisthenics | | | | | | |
| 6. <input type="checkbox"/> Weightlifting | | | | | | |
| 7. <input type="checkbox"/> Powerlifting | | | | | | |
| 8. <input type="checkbox"/> Cool Down | | | | | | |
| 9. <input type="checkbox"/> Shower | | | | | | |
| 10. <input type="checkbox"/> Meal Prep 1 | | | | | | |
| 11. <input type="checkbox"/> Meal Prep 2 | | | | | | |
| 12. <input type="checkbox"/> _____ | | | | | | |
| 13. <input type="checkbox"/> _____ | | | | | | |
| 14. <input type="checkbox"/> _____ | | | | | | |
| 15. <input type="checkbox"/> _____ | | | | | | |
| 16. <input type="checkbox"/> _____ | | | | | | |
| 17. <input type="checkbox"/> _____ | | | | | | |
| 18. <input type="checkbox"/> _____ | | | | | | |
| Body Groups | | | | | | |
| Upper | | | | | | |
| Lower | | | | | | |
| Full | | | | | | |
| Total | | | | | | |
| Water |                           | | | | | |
| Food |                           | | | | | |
| Coffee |                           | | | | | |
| | | | | | | |
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