Date _____ **Duration (min)** _____ **Reps** _____

Time of day ☐ Morning ☐ Afternoon ☐ Evening ☐ Late night

Mood ☐ Pumped ☐ Focused ☐ Chill ☐ Tired ☐ Meh

Form ☐ Lefty ☐ Righty ☐ Switch hitter **Training aids** _____

Inspiration _____ ☐ Training partner

who got you motivated today (optional, but every athlete has one)

Score (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) *1 = rough day, 10 = personal best*

Technical notes _____

_____



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