

Week number	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Level	Breaths	Level	Breaths	Level	Breaths	Level	Breaths	Level	Breaths	Level	Breaths	Level	Breaths
Morning														
Evening														

Notes How did you feel, and did you complete all breaths without stopping?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please use the following codes to record notes on training

- A** Trained as expected
- B** Less than expected (please indicate number of breaths)
- C** Did not train (forgot)
- D** Did not train (too busy)
- E** Did not train (too difficult)
- F** Did not train (lack of motivation)
- G** Did not train (too unwell)
- H** Did not train (too tired)
- I** Did not train (other reason, please specify)
- J** Increased training load
- K** Had to stop during the 30 breaths (please indicate how many and why)

Figure 6.3 Suggested template for a training diary. (From McConnell, AK, 2013. Respiratory muscle training: theory and practice, Elsevier) (Adapted from McConnell AK, 2011. Breathe strong, perform better. Human Kinetics, Champaign, IL, with permission.)