DAILY EXERCISE LOG

PRACTICE NAME _____ Date _____

Patient Name _____ For a ___ week period beginning___ /___ /___.

❒ Target Heart Rate Range _____to_____beats / minute
_____to_____beats / 10 seconds

❒ Rating of Perceived Exertion (RPE) _____to _____ (See RPE scale)

Every time you exercise, record the following information in the space below:

- Date of exercise session
- Type of activity: W=Walk W/J=Walk/Jog J=Jog TM=Treadmill B=Bicycle S=Swim
- Length of time spent exercising in minutes
- Peak heart rate achieved and/or
- Peak RPE achieved
- Symptoms: record any you may have with exercise.
- Comments: note change in symptoms, lack of exercise, etc.

RPE SCALE	
6	
7	Very, very light
8	
9	Very light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

Week 1: Goal: _____ minutes _____ times per day

	Example	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**
Date	6/3/06							
Activity	W							
Minutes/Day	30 min							
Peak HR	110							
Peak RPE (scale)	13							
Symptoms	0							

Comments _____

Week 2: Goal: _____ minutes _____ times per day

	Example	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**
Date	6/3/06							
Activity	W							
Minutes/Day	30 min							
Peak HR	110							
Peak RPE (scale)	13							
Symptoms	0							

Comments _____

Key to Symptoms:
0=None
1=Angina
2=Unusual shortness of breath
3=Dizziness
4=Leg cramps
5=Nausea
6=Irregular heartbeats
7=Unusual fatigue

Continue to increase exercise by _____ minutes/day.
Final goal: 30 minutes or three 10 minute sessions, 5 day/week, preferably everyday.

PCNA
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION