

Name: _____

**Getting
Active Tool**



Aerobic Training Diary

Exercise Prescription: _____

Date (mm/dd)	Type of Exercise	Distance (miles)	Duration (min/sec)	10 sec pulse		RPE	Symptoms/ Remarks/Other Activities
				Pre Ex.	Post Ex.		

<p>My Action Plan:</p> <ul style="list-style-type: none"> ➤ What do I want to do? ➤ What will I realistically be able to do this week? <p><u>My plan will include:</u></p> <ul style="list-style-type: none"> ➤ <u>What</u> I am going to do ➤ <u>When</u> I am going to do it ➤ <u>Where</u> I am going to do it ➤ <u>How Much</u> I am going to do it ➤ <u>How Often</u> I am going to do it 	<p>This week I will</p> <ul style="list-style-type: none"> ➤ _____ (what) ➤ _____ (when) ➤ _____ (where) ➤ _____ (how much) ➤ _____ (how often) <p>My confidence rating that I can do this plan is:</p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>not confident at all totally confident</p>	<p style="text-align: center;">Rating of Perceived Exertion (RPE)</p> <p>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</p>
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