



**Medical Visits & Medication Changes:** List any changes in medication and hospital/emergency/lab/doctor's visits

Visits & Reason	Date	Name of Service/Test/Procedure

Medication(s)	Date of Change	Dose/Frequency



Rating of Perceived Exertion (RPE)	
6	
7	Very <del>Very</del> Light
8	
9	Very Light
10	
11	Fairly Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Very <del>Very</del> Hard
20	

**Aerobic Exercise:**

- Do this 5 times per week (any day of the week)
- One day at the centre and 4 days at home

**Resistance Training:**

- Do this 2 to 3 times per week (every other day)
- One day at the centre and two days at home.

**Note:**



Remember to gradually increase the number of repetitions to 15. When you can do 15 comfortably, increase the weight or band and drop down to 10 repetitions.

If you have any medical visits or medication changes during the week, please record the details.