

Cardiovascular Prevention & Rehabilitation Program 347 Rumsey Road, Toronto, Ontario, M4G 1R7 (416) 597-3422 ext. 5200 Fax (416-425-0301)

## Aerobic Training Diary

Name: \_\_\_\_\_

Group Colour:

Exercise Prescription:

Date (month and day)	Type of Exercise	Distance (miles)	Duration (minutes and seconds)	10 seco Before Exercise	nd pulse After Exercise	RPE (number)	Symptoms or Comments o Other Activities			
uay)			seconds)	Exercise	Exercise					
My Action F	Plan:		This week I w					Rating of Perceived Exertion <b>(RPE)</b> 6		
<ul> <li>What will I really be able to do this week?</li> </ul>				7 Very, Very Light 8 9 Very Light						
My plan will include:			•	10 11 Fairly Light 12						
<ul> <li>What I am going to do</li> <li>When I am going to do it</li> </ul>				13 Somewhat Hard 14						
<ul> <li>Where I am going to do it</li> </ul>			My confidence rating that I can do this plan is: 16					15 Hard 16 17 Very Hard		
<ul> <li>How Much I am going to do it</li> <li>How Often I am going to do it</li> </ul>			1 2 3 not confident at a	-	5 6	7 8 total	9 10 Iy confident	18 19 Very, Very Hard 20		

## **Resistance Training Diary**

	1	2	3	4	5	6	7	8	9
Exercises	Lunge <u>or</u> Thigh Press	Wall Push up <u>Or</u> Table Slide	Half Squat <u>or</u> Leg Raise	Chair Dip or Hand Lean	Stair Climbing	Heel Raise	Bridging Exercise <u>or</u> Leg Curl	Bird Dog	Supine Curl Up <u>Or</u> Seated Curl
Other Exercise									
Date:									
Weight									
Reps & #Sets									
RPE									
Date:									
Weight									
Reps & #Sets									
RPE									
Date:									
Weight									
Reps & #Sets									
RPE									

Medical Visits & Medicine Changes: List any changes in your medicine, hospital visits (emergency), doctor visits, lab tests etc.

Visits & Reason	Date	Name of Service or Test or Procedure

Name of Medicine	Date of Change	Dose (how much?) & Frequency (how often?)