Name:_____

Cambridge Cardiac Rehab

Exercise Diary

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

R.P.E. SCALE

0 Rest
1 Really Easy
2 Easy
3 Moderate
4 Sort of Hard
5 Hard
6 .
7 Really Hard
8 .
9 Really, Really Hard
10 Maximal Effort

Resistance Training

	1	2	3	4	5	6	7	8	9	10
Exercises	Half Squat	Lateral Raise	Leg Curl	Dumbell Row	Leg Abduction	Supine Fly/Press	Bicep Curl	Tricep Extension	Abdominal Exercise	Bird Dog
Date:										
Weight										
Reps										
RPE										
Date:										
Weight										
Reps										
RPE										

What went well this week in relation to your goal?

What did not go as planned this week in relation to your goal?