

**Toronto Rehab**, Rumsey Centre, 347 Rumsey Road (416) 597-3422 ext. 5200 Fax (416) 425-0301 **Toronto Western Hospital**, 399 Bathurst Street (416) 603-5200 Fax (416) 603-5573

Name:	
Class Day and Time:	
Exercise Prescription:	

## **Aerobic Training Diary**

Date	Type of	Distance	Duration	10 second pulse		RPE	Symn	toms or Comments or
(month and day)	Exercise	(miles)	(minutes and seconds)	Before Exercise	After Exercise	(number)		Other Activities
			Seconds)	Exercise	Exercise			
My Action Pla	n:		This week I will					Rating of Perceived

y Action Plan:	This week I will	Rating of Perceived
What do I want to do?		Exertion (RPE) 6
Mhat will I really be able to de	> (what)	7 Very, Very Light
What will I really be able to do this week?	> (when)	8 0 \/om/ Light
My plan will include:	> (where)	9 Very Light 10 11 Fairly Light
What I am going to do	> (how much)	12 13 Somewhat Hard
When I am going to do it	> (how often)	14
<ul><li>Where I am going to do it</li></ul>	My confidence rating that I can do this plan is:	15 Hard 16
How Much I am going to do it	1 2 3 4 5 6 7 8 9 10	17 Very Hard 18
How Often I am going to do it	not confident at all totally confident	19 Very, Very Hard

Half Squa or Leg Extension	Bicep Curl	Leg Curl	External Rotation or Lateral Raise	Heel Raise or Toe Press	Chest Fly or Wall Push up	8 Abdominal Curl or Seated Curl	9 Triceps Extension	(i) Bird Dog	
edicine Cha	anges:	List any c	hanges in yo	ur medicine,	, hospital visit	s (emergency)	, doctor visits,	lab tests et	
sits & Reason			D	Date		Name of Service or Test or Procedure			
								_	
Name of Medicine			Date of	Date of Change		Dose (how much?) & Frequency (how often?)			
3	its & Reason	its & Reason	sits & Reason	sits & Reason D	its & Reason Date	sits & Reason Date Name	Date Name of Service o		