



Home Exercise Diary

Cardiac Rehabilitation Program

Name: _____ Class: _____
Training Heart Rate: _____

(Please complete and return to exercise supervisors every 2 weeks)

WEEK ONE

Date	Time Walked	Resting Heart Rate	Peak Ex Heart Rate	BORG

Total Hours of Exercise per Week = _____

WEEK TWO

Date	Time Walked	Resting Heart Rate	Peak Ex Heart Rate	BORG

Total Hours of Exercise per Week = _____

Please let us know if you have experienced any of the following:

1. Has there been any change in your health in the past two weeks? Yes No
2. Has there been any medication changes in the past two weeks? Yes No
3. Have you seen your doctor had any medical tests or procedures during the past two weeks? Yes No