

Exercise Diary

Week:	Which Exercise(s) Did I Do?	How Many Times Did I Do The Exercise(s)?	How Did I Feel During The Exercise(s)? (RPE: 1-10)	How Did I Feel The Day After?
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Disclaimer: This is for educational purposes only and not a substitute for professional medical advice. Always consult a qualified healthcare professional.

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Rate of Perceived Exertion (RPE) Scale

- 0 - nothing at all (you're at rest) 😊
- 1-2 - very light effort (you can maintain this for a long time) 😊
- 3-4 - light effort (you're working but still comfortable) 😊
- 5-6 - moderate effort (you're breathing a bit more but maintainable) 😐
- 7-8 - high intensity (it's challenging but you can keep going) 😬
- 8-9 - very intense (you're nearing max effort but can still continue) 😓
- 10 - maximum effort (you're giving everything you've got) 😓

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