



NAME: _____

My Home Exercise Log

Date <i>Week 1</i>	Warm up (5 minutes)	Type of Exercise/ MET value	RPE	Exercise Duration	Cool down (5 minutes)	MET-minutes Achieved	Symptoms or Comments
EXAMPLE Jan.1/18	✓	Walking (20 min/mile) MET=3.5	3-4/10	30 minutes	✓	30 mins x 3.5 METs = 105 MET-mins	Knee pain, chest pain, fatigue, sick with cold/flu

Rate of Perceived Effort
MYRPE Scale

- 0 No effort
- 1 Very light
- 2 Light
- 3 Moderate
- 4 Somewhat Hard
- 5 Hard
- 6
- 7 Very Hard
- 8
- 9 Very, Very Hard
- 10 Maximal Effort

Date <i>Week 2</i>	Warm up (5 minutes)	Type of Exercise/ MET value	RPE	Exercise Duration	Cool down (5 minutes)	MET-minutes Achieved	Symptoms or Comments

NOTE:
If you feel unwell or have any symptoms of *shortness of breath, chest pain, fainting, dizziness or palpitations* during or following exercise, STOP and discontinue exercise. Contact Milton Cardiac Care (905) 878-9805 or proceed to the emergency department.



NAME: _____

My Home Exercise Log

Date <i>Week 3</i>	Warm up (5 minutes)	Type of Exercise/ MET value	RPE	Exercise Duration	Cool down (5 minutes)	MET-minutes Achieved	Symptoms or Comments

**Rate of Perceived
Effort
MYRPE Scale**

- 0 No effort
- 1 Very light
- 2 Light
- 3 Moderate
- 4 Somewhat Hard
- 5 Hard
- 6
- 7 Very Hard
- 8
- 9 Very, Very Hard
- 10 Maximal Effort

Date <i>Week 4</i>	Warm up (5 minutes)	Type of Exercise/ MET value	RPE	Exercise Duration	Cool down (5 minutes)	MET-minutes Achieved	Symptoms or Comments



Please bring your exercise logs to your next session.

For more copies of My Home Exercise Log, please go to our website: www.myheartfitness.ca

Phone: (905) 875-0824

You can also email us: contact.myheartfitness@gmail.com