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| **Date****Week 1** | **Warm up**(5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**(5 minutes) | **Symptoms or****Comments** |
| EXAMPLE Jan.1/18 | **** | Walking  | 3 (moderate) | 30 minutes | **** |  Knee pain, chest pain, fatigue, sick with cold/flu |
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10 Maximal Effort

Very Hard

Very, Very Hard

Hard

5

6

7

8

9

Rate of Perceived Effort

MY RPE Scale

1. No effort
2. Very light
3. Light
4. Moderate

4 Somewhat

 Hard

|  |  |  |  |  |  |  |
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|  **Date*****Week 2***  | **Warm up**(5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or** **Comments** |
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# 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.**



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|  **Date*****Week 3***  | **Warm up**(5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or** **Comments** |
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|  **Date*****Week 4***  | **Warm up**(5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or** **Comments** |
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10 Maximal Effort

Very Hard

Very, Very Hard

Hard

5

6

7

8

9

Rate of Perceived Effort

MY RPE Scale

1. No effort
2. Very light
3. Light
4. Moderate

4 Somewhat

 Hard

# MY HEART FITNESS

## 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](http://www.myheartfitness.ca/)

Phone: (905) 875-0824

You can also email us:

contact.myheartfitness@gmail.com