



**central east regional
cardiac care program**
CARDIOVASCULAR REHABILITATION SERVICE

Cardiac Rehab Exercise Diary

Name: _____

Exercise Prescription: 5 Days/ week x warm up + _____ + cool down

Exercising heart rate _____ bpm _____ beats/10 seconds

Exercise Therapist

NAME
Phone:
E-mail:
Fax: 416-281-7280

RPE Scale

6
7 Very, very light
8
9 Very light
10
11 Fairly light
12
13 Somewhat hard
14
15 Hard
16
17 Very hard
18
19 Very, very hard
20 Maximal effort

Date	Type of Exercise (walk, cycle, etc)	Distance / Speed	Duration (minutes: seconds)	Intensity				Comments (symptoms, injuries, blood pressure, blood sugar, weight change, etc)
				Resting HR	Exercise HR	Cool-Down HR	RPE	

No visits
or changes



Visits to Doctor/Hospital/Clinics (include who/where, date and reason for visit):

Medication changes (include name, dose and frequency):

Cardiac Rehab Resistance Training Diary

- Perform 8-10 reps of one (1) option from each category. Repeat for a second set.
- Circle option performed and record resistance, sets, reps and RPE.
- Complete 1 day at cardiac rehab and a minimum of 1 day at home.

Date:

Resistance:	Sets:	Reps:	RPE:	
Legs	Back	Chest/ Shoulders	Arms	Core
Comments:				

Date:

Resistance:	Sets:	Reps:	RPE:	
Legs	Back	Chest/ Shoulders	Arms	Core
Comments:				