

CARDIAC REHAB ACTIVITY LOG

Week of: _____

Patient Name:

Target Heart Rate:

| DATE / DAY | ACTIVITY TYPE | DURATION (MIN) | PRE-HR / BP | POST-HR / BP | RPE (1-10) |
|------------|---------------|----------------|-------------|--------------|------------|
|------------|---------------|----------------|-------------|--------------|------------|

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

RPE Scale (Rate of Perceived Exertion)

1-2
Very Easy
3-4
Moderate
5-6
Somewhat Hard
7-8
Hard
9-10
Max Effort

Note: Stop activity immediately if you experience chest pain, dizziness, or unusual shortness of breath.