

CARDIAC RECOVERY EXERCISE LOG

Month/Year: _____

Patient Name:

Target HR:

Physician:

DATE	ACTIVITY TYPE	DURATION	RESTING HR/BP	PEAK HR	RPE (1- 10)	SYMPTOMS/NOTES
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RPE Scale (Rate of Perceived Exertion): 0: Rest | 1-2: Very Easy | 3: Moderate | 4-5: Somewhat Hard | 6-7: Hard | 8-9: Very Hard | 10: Maximal Effort

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