CARDIO

activity log

KAISER PERMANENTE®

Instructions:

Home Based Cardiac Rehabilitation Program Borg Scale - **Rate of Perceived Exertion (RPE)**

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 6 to 20, where 6 means "no exertion at all" and 20 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to other people's. **Look at the scales and the expressions and then give a number.**

RPE	Description of Exertion
6	No Exertion – Sitting & Resting
7	Extremely Light
8	
9	Very Light
10	
11	Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Extremely Hard
20	Maximum Exertion

9 corresponds to "very light" exercise. For a healthy person, it is like walking slowly at his or her own pace for some minutes

13 on the scale is "somewhat hard" exercise, but it still feels OK to continue.

17 "very hard" is very strenuous. A healthy person can still go on, but he or she really has to push him- or herself. It feels very heavy, and the person is very tired.

19 on the scale is an extremely strenuous exercise level. For most people this is the most strenuous exercise they have ever experienced.

week 1

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

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Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 2

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
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Day/Date:

Activity	Duration	Steps	Notes

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Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 3

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 4

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 5

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 6

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 7

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 8

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 9

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 10

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 11

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)
8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)	Exertion Rating (Circle one.)
☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue	8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

week 12

Units	Goals
Days	
Minutes	

Assignment	Resource
Reading	
Video	

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Day/Date:

Activity	Duration	Steps	Notes

Symptoms (Check all that apply.)

☐ none ☐ chest pain ☐ dizzy/lightheaded ☐ shortness of breath ☐ fatigue

Exertion Rating (Circle one.)

8 9 10 11 12 13 14 15 16 17 18 19 20

Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			☐ yes ☐ no
: p.m.	/			☐ yes ☐ no

Home-Based Cardiac Rehab

Improve your overall health and quality of life.

- Lower your risk of a future heart attack.
- Reduce your risk of dying from heart disease.
- Improve recovery after surgery.
- Manage your symptoms.
- Feel more hopeful and less depressed, stressed, or worried.
- Have more energy and return to your usual activities.

Kaiser Permanente
Cardiology Department

What is

Home-Based Cardiac Rehab (HBCR)?

If you have a heart problem or have undergone heart surgery, you may be afraid to exercise. If you have never exercised, you may not know how to get started. In this 8 weeklong program, you will work one-on-one with your personal **Case Manager** (CM) who will guide you through a variety of topics to help you become more active and make lifestyle changes that can lead to a stronger heart and better health.

You will have weekly telephone appointments with your CM who will monitor your progress in the program and answer any questions you may have. Your CM will help you start slowly and work up to a level of physical activity that is good for your heart.

Changing old habits is hard, but in HBCR you get the support of experts who can help you create new healthy habits safely.

HBCR is an evidence-based program that has been proven to reduce your chances of being readmitted to the hospital for a cardiovascular related condition by 30%, as well as reduce your risk of dying from a cardiovascular related event by 27% when completed successfully.

Learn how to

Manage your heart problem

Manage conditions like:
- High blood pressure
- High cholesterol

Take your medicine correctly & safely

Exercise safely

Eat a heart-healthy diet

Lose weight

Reduce stress, anxiety and depression

Quit smoking

Get back to work sooner and safely

Learn more at
kpgaupdates.org/cardiac

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