

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

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Symptoms (Check all that apply.)

Inone I chest pain I dizzy/lightheaded I shortness of breath I fatigue

Blood pressure

a.m. / I yes I no

yes

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Exertion Rating (Circle one.)

Blood sugar

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Medications

□yes □no

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Day/Date:

Time

Symptoms (Check all that apply.)

a.m.

p.m.

 \square none \square chest pain \square dizzy/lightheaded \square shortness of breath \square fatigue

Blood pressure

Weight

	Activity			Duration	Step	;	Notes					
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	Activity			Duration	Step	S		No	tes								
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	Activity			Duration	Step	;	Notes					
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d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20
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ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20
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	Activity			Duration	Step	S	N	lotes								
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**	□none □	chest pair	n □dizzy/lightheaded □	shortness of breath \Box	fatigue	8 9 1	10	11 12	13	14	15	16	17	18	19	20
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	Activity			Duration	Step	S	ı	lotes								
	Symptor	ns (Check	all that apply.)			Exertic	on F	Rating	(Circle	e one.)					
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□none □	chest pai	n □dizzy/lightheaded □sho	rtness of breath 🗖 fa	atigue	8	9 10	11	12	13 14	. 1!	5 16	1	7	18	19	20
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	Activity			Duration	Duration Steps N			Notes								
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d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20				
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicati	ons								
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			all that apply.)	☐ shortness of breath ☐ f	atique		Rating (Circle		14 1	7 10	10	20				
ate:		Lilest pair							10 1	/ 10	17	20				
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ü	Sympto	ms (Check a	11.5	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20				
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Exertion Rating (Circle one.)

Blood sugar

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

Medications

□yes □no

□yes □no

	Activity			Duration	Step	S	Notes										
		/Cl	Hat					. /	C: 1								
			all that apply.)			Exertion	on I	Rating (Circle	one.)						
ä	□ none □	chest pair	n □ dizzy/lightheaded □	shortness of breath \Box f	atigue	8 9 1	10	11 12	13	14	15	16	17	18	19	20	
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	Activity			Duration	Step	S	1	Votes									
	Sympton	ns (Check	all that apply.)			Exertic	on l	Rating (Circle	one.)						
ů.	□none □	chest pair	\square dizzy/lightheaded \square	shortness of breath \Box f	atigue	8 9	10	11 12	13	14	15	16	17	18	19	20	
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	Activity			Duration	Step	S	l l	Votes									

ay/Date:

Time

Symptoms (Check all that apply.)

a.m.

p.m.

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

Weight

Blood pressure

	Activity			Duration	Duration Steps N			Notes								
	Sympto	ms (Check a	all that apply.)			Exertion	Rating (Circle	one.)								
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20				
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicati	ons								
Day/Date:	:	a.m.	/				□yes □r	0								
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	Activity	,		Duration	Step:	5	Notes									
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			all that apply.)	☐ shortness of breath ☐ f	atique		Rating (Circle		14 1	7 10	10	20				
ate:		Lilest pair							10 1	/ 10	17	20				
Day/Date:	Time	a.m.	Blood pressure /	Weight	BIO	od sugar	Medicati □ yes □ r									
Day	:	p.m.	/				□yes □r									
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	Activity			Duration	Step	5	Notes									
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	Activity			Duration	Step	5	Notes									
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			all that apply.)	Duration	Steps		Notes Rating (Circle	one.)								
ü	Sympto	ms (Check a	11.5	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20				
Date:	Sympto	ms (Check a	113		atigue	Exertion	Rating (Circle	14 15	16 1	7 18	19	20				
ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20				
Day/Date:	Sympto □ none I Time	ms (Check a □ chest pair	□ dizzy/lightheaded Blood pressure	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati	14 15 ons	16 1	7 18	19	20				
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Day/Date:	Sympto Inone I Time : Activity Sympto Inone I	ms (Check and chest pair and	Blood pressure / / / all that apply.)	□shortness of breath □f Weight Duration	Steps	Exertion 8 9 10 od sugar Exertion	Rating (Circle 11 12 13 Medicati yes r yes r Notes	14 15 ons one.) 14 15 ons								



Units	Goals
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	Activity			Duration	Steps	S	Notes
		Symptoms (Check all that apply.)					
	Symptor	ns (Check	all that apply.)			Exertic	on Rating (Circle one.)
ä	□none □	chest pair	n □dizzy/lightheaded □sho	rtness of breath □fa	atigue	8 9 1	10 11 12 13 14 15 16 17 18 19 20
Day/Date:	Time		Blood pressure	Weight	Blo	od sugar	Medications
ay/[:	a.m.	/				□yes □no
Ď	:	p.m.	/				□yes □no
	Activity			Duration	Step	r	Notes
	Activity			Duration	Step	5	Notes
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ë:	□none □	chest pair	n □dizzy/lightheaded □sho	rtness of breath 🗖 fa	atigue	8 9 1	10 11 12 13 14 15 16 17 18 19 20
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Activity	Duration Steps						Notes									
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□ none □ chest pai	n □dizzy/lightheaded □sho	ortness of breath	ntigue	8 9	10	11	12	13	14	15	16	17	18	19	20	
Time	Blood pressure	Weight	Bloo	d sug	gar	N	∕led	icati	ions							
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: p.m.	/						⊐yes	□r	10							

	Activity			Duration	Duration Steps N			Notes								
	Sympto	ms (Check a	all that apply.)			Exertion	Rating (Circle	one.)								
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20				
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicati	ons								
Day/Date:	:	a.m.	/				□yes □r	0								
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	Activity	,		Duration	Step:	5	Notes									
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			all that apply.)	☐ shortness of breath ☐ f	atique		Rating (Circle		14 1	7 10	10	20				
ate:		Lilest pair							10 1	/ 10	17	20				
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	Activity			Duration	Step	5	Notes									
			all that apply.)	Duration	Steps		Notes Rating (Circle	one.)								
ü	Sympto	ms (Check a	113	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20				
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ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20				
Day/Date:	Sympto □ none I Time	ms (Check a □ chest pair	□ dizzy/lightheaded Blood pressure	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati	14 15 ons	16 1	7 18	19	20				
Day/Date:	Sympto □none [Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20				
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	Activity			- I	C.		Notes										
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ä	□none	□ chest pain	☐ dizzy/lightheaded	☐ shortness of breath ☐	⊐ fatigue	8 9 10) 11	12	13	14 1	5 16	17	18	19	20		
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Õ	:	p.m.	/					□yes	□n	0							
	Activit	у		Duration	Step	s	No	tes									
	Sympt	oms (Check a	all that apply.)			Exertio	n Ra	ting (C	Circle	one.)							
**	□none	☐ chest pain	□ dizzy/lightheaded	☐ shortness of breath ☐	⊐fatigue	8 9 10) 11	12	13	14 1	5 16	17	18	19	20		
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J/L	:	a.m.	/					□yes	□n	0							
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Activity			Duration	Steps	;		Not	es								
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□none □	⊐ chest paiı	n □dizzy/lightheaded □sho	rtness of breath □ fa	itigue	8	9 10	11	12	13	14	15	16	17	18	19	20
Time		Blood pressure	Weight	Bloc	od su	ıgar	ı	Med	icati	ons						
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:	p.m.	/					ı	⊐yes	□r	10						

	Activity			Duration	Step	;	Notes					
	Sympto	ms (Check a	all that apply.)			Exertion	Rating (Circle	one.)				
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20
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ate:		Lilest pair							10 1	/ 10	17	20
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ü	Sympto	ms (Check a	113	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20
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ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time	ms (Check a □ chest pair	□ dizzy/lightheaded Blood pressure	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati	14 15 ons	16 1	7 18	19	20
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Day/Date:	Sympto □ none I Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f Weight	atigue Blo	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati yes □r yes □r	14 15 ons	16 1	7 18	19	20
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	Units Days Minutes	Goals		
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Activity	Duration	Steps	Notes	

	Activity	,			Duration	Step	s			N	lotes								
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	Sympto	ms (Check a	all that apply.)					Ex	ertio	n F	Rating	(Circ	le one	.)					
	□ none I	□ chest pain	□ dizzy/lightheaded	□shor	rtness of breath 🗖 f	fatigue		8	9 10)	11 1	2 13	14	15	16	17	18	19	20
Day/Date:	Time		Blood pressure		Weight	Blo	000	d sı	ugar		Me	dica	tions	5					
ay/[:	a.m.	/								□у	es 🗆	lno						
Õ	:	p.m.	/								□у	es 🗆	lno						
	Activity	,			Duration	Step				N	lotes								
	Activity				Duration	Step	,s			1	otes								
	Sympto	ms (Check a	all that apply.)					Ex	ertio	n F	Rating	(Circ	le one	.)					
*:	□ none I	□ chest pain	□ dizzy/lightheaded	□shor	tness of breath 🗖 f	atigue		8	9 10)	11 1	2 13	14	15	16	17	18	19	20
Day/Date:	Time		Blood pressure		Weight	Blo	000	d sı	ugar		Me	dica	tions	5					
ay/[:	a.m.	/								□y	es 🗖	Ino						
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Activity		Duration	Steps	5		Not	es								ı
Symptoms (Check all	that apply.)			Ex	ertio	n Rat	ing (Circle	one.)					
□ none □ chest pain	□ dizzy/lightheaded □ s	shortness of breath 🛚 🗖	fatigue	8	9 1	0 11	12	13	14	15	16	17	18	19	20
Time	Blood pressure	Weight	Bloc	od s	ugar		Med	icati	ions						
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	Activity			Duration	Step	;	Notes					
	Sympto	ms (Check a	all that apply.)			Exertion	Rating (Circle	one.)				
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicati	ons				
Day/Date:	:	a.m.	/				□yes □r	0				
Δ	:	p.m.	/				□yes □r	10				
	Activity	,		Duration	Step:	5	Notes					
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			all that apply.)	☐ shortness of breath ☐ f	atique		Rating (Circle		14 1	7 10	10	20
ate:		Lilest pair							10 1	/ 10	17	20
Day/Date:	Time	a.m.	Blood pressure /	Weight	BIO	od sugar	Medicati □ yes □ r					
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			all that apply.)	Duration	Steps		Notes Rating (Circle	one.)				
ü	Sympto	ms (Check a	113	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20
Date:	Sympto	ms (Check a	113		atigue	Exertion	Rating (Circle	14 15	16 1	7 18	19	20
ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time	ms (Check a □ chest pair	□ dizzy/lightheaded Blood pressure	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati	14 15 ons	16 1	7 18	19	20
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	Sympto ☐ none ☐ Time : : Sympto	ms (Check and chest pair and	Blood pressure / / / all that apply.)	□shortness of breath □f Weight Duration	Steps	Exertion 8 9 10 od sugar Exertion	Rating (Circle 11 12 13 Medicati yes r yes r Notes	14 15 ons on one.)				
	Sympto ☐ none ☐ Time : : Sympto	ms (Check and chest pair and	Blood pressure / / all that apply.)	□ shortness of breath □ f Weight Duration □ shortness of breath □ f	Steps	Exertion 8 9 10 od sugar Exertion 8 9 10	Rating (Circle 11 12 13 Medicati yes r yes r Notes Rating (Circle 11 12 13	14 15 ons o o 14 15				
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	Activity			Duration	Step	•	-	10163									
	Sympto	ms (Check a	all that apply.)			Exert	ion l	Rating	(Circle	e one.)						
ä	□none [⊐ chest pain	□ dizzy/lightheaded	☐ shortness of breath ☐	1 fatigue	8 9	10	11 12	13	14	15	16	17	18	19	20	
Sate	Time		Blood pressure	Weight	Blo	od suga	r	Me	dicat	ions							
Day/Date:	:	a.m.	/					□ ye	es 🗖	no							
Ö	:	p.m.	/					□ ye	es 🗖	no							
	Activity			Duration	Step	s	1	Notes									
	Activity			Duration	Step	s	ı	Notes									
			all that apply.)	Duration	Step			Notes	(Circle	e one.)						
ü	Sympto	ms (Check a		Duration □ shortness of breath □			ion l	Rating				16	17	18	19	20	
Date:	Sympto	ms (Check a			1 fatigue	Exert	ion I 10	Rating		14	15	16	17	18	19	20	
Day/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded	□shortness of breath □	1 fatigue	Exert 8 9	ion I 10	Rating 11 12 Me	13	14 ions	15	16	17	18	19	20	

Activity		Duration	Step	s		Not	es								
Symptoms (Check	all that apply.)			Ex	ertio	n Rat	ing (Circle	one.)					
	n □dizzy/lightheaded □sl	nortness of breath $\ \square$	fatigue	8) 11					16	17	18	19	20
Time	Blood pressure	Weight	Blo	od s	ugar		Med	icati	ions						
: a.m.	/						□yes	□r	10						

Day/Date:

	Activity			Duration	Step	;	Notes					
	Sympto	ms (Check a	all that apply.)			Exertion	Rating (Circle	one.)				
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	11 12 13	14 15	16 1	7 18	19	20
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicati	ons				
Day/Date:	:	a.m.	/				□yes □r	0				
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	Activity	,		Duration	Step:	5	Notes					
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			all that apply.)	☐ shortness of breath ☐ f	atique		Rating (Circle		14 1	7 10	10	20
ate:		Lilest pair							10 1	/ 10	17	20
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	Activity			Duration	Step	5	Notes					
			all that apply.)	Duration	Steps		Notes Rating (Circle	one.)				
ü	Sympto	ms (Check a	113	Duration □ shortness of breath □ f		Exertion			16 1	7 18	19	20
Date:	Sympto	ms (Check a	113		atigue	Exertion	Rating (Circle	14 15	16 1	7 18	19	20
ay/Date:	Sympto □ none [ms (Check a	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time	ms (Check a □ chest pair	□ dizzy/lightheaded Blood pressure	□shortness of breath □f	atigue	Exertion 8 9 10	Rating (Circle 11 12 13 Medicati	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □none [Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f	atigue	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati □ yes □ r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f Weight	atigue Blo	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati yes □r yes □r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f Weight	atigue Blo	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati yes □r yes □r	14 15 ons	16 1	7 18	19	20
Day/Date:	Sympto □ none I Time :	ms (Check and chest pair a.m. p.m.	□ dizzy/lightheaded Blood pressure /	□shortness of breath □f Weight	atigue Blo	Exertion 8 9 10 od sugar	Rating (Circle 11 12 13 Medicati yes □r yes □r	14 15 ons	16 1	7 18	19	20
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	Units Days Minutes	Goal	s	
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Activity	Duration	Steps	Notes	

	Sympto	oms (Check	all that apply.)				Exe	rtion	Rati	ing (C	Circle	one.)					
**			n □ dizzy/lightheaded	□ shortness of I	oreath □fat	tigue	8 9			12			16	17	18	19	20
Day/Date:	Time		Blood pressure	Weig	ht	Bloc	od sug	jar	ı	Vledi	cati	ons					
J/k	:	a.m.	/							⊐yes	□n	0					
۵	:	p.m.	/							⊐yes	□n	0					
									NL								
	A -4::4-			D	Li a sa	C+	_										
	Activity	У		Dura	tion	Steps	5		Note	es							
	Activity	У		Dura	tion	Steps			Note	es							
	Activity	У		Dura	tion	Steps			Note	es							
	Activity	y		Dura	tion	Steps			Not	es							
			all that apply.)	Dura	tion	Steps		rtion			Circle	one.)					
**	Sympto	oms (Check	all that apply.)					rtion	Rati				16	17	18	19	20
Date:	Sympto	oms (Check			oreath □fa	tigue	Exe	rtion 10	Rati	ing((13	14	16	17	18	19	20
Day/Date:	Sympto □ none	oms (Check	n □ dizzy/lightheaded	□ shortness of I	oreath □fa	tigue	Exe 8 9	rtion 10	Rati	ing (0	13	14 ons	16	17	18	19	20

Activity	Duration	on Steps			Notes									
Symptoms (Check all		Exertion Rating (Circle one.))							
□ none □ chest pain [⊐dizzy/lightheaded □sho	rtness of breath □fa	tigue	8 9	10 1	1 12	13	14	15	16	17	18	19	20
Time	Blood pressure	Weight	Blood sugar			Medications								
: a.m.	/					□ves	□r	10						

Day/Date:

	Activity			Duration	Duration Steps		Notes							
	Sympto	ms (Check a	all that apply.)		Exertion			n Rating (Circle one.)						
d)	□ none [□ chest pair	□ dizzy/lightheaded	☐ shortness of breath ☐ f	atigue	8 9 10	4 15 16	5 17	18	19	20			
Oate	Time		Blood pressure	Weight	Blo	od sugar	Medicatio	ns						
Day/Date:	:	a.m.	/				□yes □no							
Δ	:	p.m.	/				□yes □no							
	Activity	,		Duration	Step:	5	Notes							
	6 .	/Cl	H.I 1. X				D :: /C: 1	,						
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te:		Lilest pair			-) 17	10	17	20		
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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.



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



