CARDIO

activity log

KAISER PERMANENTE®

week 1

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 2

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
Reading	
Video	

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

week 3

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 4

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 5

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 6

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 7

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
Reading	
Video	

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

week 8

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 9

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 10

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
Reading	
Video	

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

week 11

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	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	Pulse	Weight	Blood sugar	Medications
: a.m.	/				☐ yes ☐ no
: p.m.	/				☐ yes ☐ no

week 12

	Exercise Goals
Days (per week)	
Minutes (per day)	

	Homework
Reading	
Video	

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