

Exercise Log

For Better Health: Your Aerobic Exercise Plan

Patient Name

Date

Type of Physical Activity I'd Like to Do

- Walking
- Swimming
- Bicycling
- Stairmaster
- Treadmill
- Other: _____

Intensity

- Suggested heart rate _____
- Perceived level of adequate exertion (able to talk in short sentences)

Duration

- Warm up 5 to 10 minutes
- Initial duration _____ minutes 1 2 3 4 5 6 7 times per week
(insert time) (circle frequency)
- Goal duration _____ minutes 1 2 3 4 5 6 7 times per week
(insert time) (circle frequency)

Physician signature

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