_____'s Exercise Diary

Week of: _____

Day / Date/ Time of Day	TYPE OF ACTIVITY	DURATION In minutes (distance if you desire) and exercise heart rate (EHR)	COMMENTS How it felt, problems/concerns. feel starting / at end. Things getting in the way of the day's routine. Strategies to keep it from happening again.Weight, etc.
	walking (aerobic) / other (abs, stretch)	Minutes / EHR / reps	
	walking (aerobic) / other (abs, stretch)	Minutes / reps	
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