

## Exercise Calendar:

Circle the benefits that you would like. I want to:

- Decrease my pain
- Improve my ability to do the things I love
- Unload daily stress
- Improve my sleep
- Improve my mood
- Improve my blood pressure
- Improve my cholesterol
- Improve my endurance
- Improve my strength
- Improve my tone and look better
- Improve my flexibility
- Improve my performance in sport
- Decrease my risk of falling
- Reduce my risk of heart problems or Cancer
- Reduce my risk of injury
- Lose weight

## Other Goals:

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## Target Date:

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\*A guideline for your maximum heart rate is  $220 - \text{your age} =$  \_\_\_\_\_

\*The suggested frequency of your exercise sessions are: \_\_\_\_\_

\*The suggested length of your aerobic sessions are: \_\_\_\_\_

\*Your other exercise options can be seen in the e-mail link sent by your health professional.

Write the numbers of days in the chart below. Record in each box whether you were able to perform the exercises prescribed to you with a check mark  for completion or ✖ if you were unable to fit your exercises in the day. Please also record any additional exercise you completed in your day. Keep track of how you felt doing your prescribed exercise program such as good, great, sore or tired. Share this with your health professional so they can guide you to reach your goal.

**Exercise Tracker:**

**Goal:** \_\_\_\_\_

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
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