or each section, plea	se check the	appropriate	box daily.				
Number of hours of sleep last night.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12+							
10-11							
8-9			S				
6-7						(
4-5							ra i i i i i i i i i i i i i i i i i i i
<4							
Very deep Normal Restless							
Bad with breaks							
I did not sleep		<u> </u>					
Did you take any sort	of sleeping a	id?					
Yes/No			200				
Name		, , , , , , ,				T	
low would you descri 0-10	be the sever	ity of the fation	gue you are ex	periencing to	day? (0 = No	one; 10 = Seve	ere)
How would you descri	be your inter	est level in p	hysical activity	today?	-		
Very high							
Good			,	***************************************	. · · · · · · · · · · · · · · · · · · ·		
Low							
No interest				1			·
		1		<u> </u>			L

Home Exercise Log

Company on a large state of	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity	Walking Bicycling Other:	Walking Bicycling Other:	Walking Bicycling Other:	WalkingBicyclingOther:	WalkingBicyclingOther:	Walking Bicycling Other:	WalkingBicyclingOther:
Time (minutes)							7
Average heart rate							
RPE (6-20)			1				y - 4
Comments							
				a silve			

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity	Walking Bicycling Other:						
Time (minutes)			1 1 11 1 1 1 1 1	1 10 . 0	1. 7. 12		, , , , , , , , , , , , , , , , , , ,
Average heart rate	,			1100 A			
RPE (6-20)							
Comments							
	1 22						1 10 100

From ACSM, 2012, ACSM's guide to exercise and cancer survivorship (Champaign, IL: Human Kinetics). Adapted from T. Bompa, 2009, Periodization training: Theory and methodology; and Piper Fatigue Scale.