

Figure 4.2 Exercise and Energy Weekly Log

Name: _____ Date (DD/MM-DD/MM/YR): _____

For each section, please check the appropriate box daily.

Number of hours of sleep last night.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12+							
10-11							
8-9							
6-7							
4-5							
<4							

How would you describe the quality of sleep you experienced last night?

Very deep							
Normal							
Restless							
Bad with breaks							
I did not sleep							

Did you take any sort of sleeping aid?

Yes/No							
Name							

How would you describe the severity of the fatigue you are experiencing today? (0 = None; 10 = Severe)

0-10							
------	--	--	--	--	--	--	--

How would you describe your interest level in physical activity today?

Very high							
Good							
Low							
No interest							

Comments: _____

(continued)

Home Exercise Log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____
Time (minutes)							
Average heart rate							
RPE (6-20)							
Comments							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____ 	<ul style="list-style-type: none"> • Walking • Bicycling • Other: _____
Time (minutes)							
Average heart rate							
RPE (6-20)							
Comments							