

HEALTHY MONDAY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL (If applicable)
FREQUENCY Did you exercise today? <i>GOAL: 3-5 days every week</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Total Days:
INTENSITY Level on exercise equipment								Did the level increase? Yes No
Target Heart Rate: <hr/> <i>Ask your exercise professional your target HR</i>								
Level of intensity from 6-20. <i>Aim for 12-13 range or "somewhat hard"</i>								6-7 Very, very light 8-9 Very light 10-11 Fairly light 12-13 Somewhat hard 14-15 Hard 16-17 Very hard 18-20 Very, very hard
Symptom Free <i>No chest pain, dizziness, etc.</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
TIME Goal: 30-60 minute sessions adding up to 150 minutes per week!								Did you reach 150 minutes this week?
TYPE Circle what your workout included	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	Aerobic Strengthening exercises Stretching	
PROGRESS Each time you exercise increase one of the components, what did you increase?	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Frequency: Intensity: Time: Type:	Next week's goal?