

Participant Exercise Diary

This sheet is yours to use to track your activity levels throughout the weeks you are part of the Transplant Wellness Program. This is a tool to help you move more and keep track of how you are moving and how you feel.

When filling out your diary, please keep in mind the following:

- Only count exercise sessions at least 10 minutes or longer in duration
- Please count exercise done in your free time (not work or housework).
- Intensity is measured using RPE (Rating of perceived exertion 1-10 scale)
- Mild: RPE of 1-3, not breathing hard, very low intensity, can do for a long time
- Moderate: RPE 4-6, you are breathing harder, you can do it for a while but would tire
- Strenuous: RPE 6+, breathing very hard, you cannot maintain very long

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work?)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Example (Week 1)					
December 14, 2023	TWP Exercise Class	45 MIN	5	None	Felt tired this morning, more energy after class

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 1					
Week 2					

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 3					
Week 4					

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 5					
Week 6					

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 7					
Week 8					

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 9					
Week 10					

Date	Exercise Type	Duration (How long did you exercise?)	Intensity (How hard did you work? Use your RPE scale)	Any negative side effects? (pain/extreme fatigue)	What benefits did you find? (More energy/less fatigue)
Week 11					
Week 12					