

2 WEEK ACTIVITY TRACKER

THIS TRACKER IS USED TO GET A BASELINE OF YOUR ACTIVITY, OR MONITOR PROGRESS. IF YOU USE A FITNESS TRACKER, NOTICE YOUR HEART RATE (HR) WHEN YOU EXPERIENCE A RPE AROUND 8. RECORD THAT AS YOUR MAX HR FOR NOW, AS A WAY TO GAUGE YOUR EXERCISE TOLERANCE PARAMETERS. IF YOU DON'T HAVE A FITNESS MONITOR, JUST USE THE RPE SCALE TO MONITOR YOUR ACTIVITY TOLERANCE. WHILE BUILDING ENDURANCE, EXERCISE AT A RPE OF 6-7 OR LOWER,

EX.) INITIALLY, I HAD A HARD TIME BREATHING (RPE OF 9), WHEN MY HR WENT ABOVE 100 BPM. WHEN I WOULD EXERCISE, I WOULD MAKE SURE TO SLOW MY PACE DOWN, IF I GOT CLOSE TO 100 BPM. I WOULD NOT EXERCISE OVER A RPE OF 7. OVER TIME, I WOULD EXPERIENCE A RPE OF 4, WHEN MY HR WAS AT 100 BPM. I COULD THEN RETEST TO SEE WHAT MY HR WAS AT A LEVEL 8 RPE, TO GET A NEW MAX HR.

DATE	ACTIVITY (BIKING, WALKING, OR SWIMMING)	TIME	STEPS	RATE OF PERCEIVED EXERTION (RPE)	PAIN SCALE (IF NECESSARY OR LEAVE BLANK)
EX.) 2/27	WALKING	10 MIN	1,000	4	2
			DESC	RIPTION OF D	PERIENCE

YOU CAN ALSO GAUGE YOUR EXERCISE TOLERANCE BY TRACKING PAIN. I WOULDN'T SUGGEST EXERCISING ABOVE A LEVEL 5 PAIN. THIS CAN BE HARD IF YOUR PAIN NEVER GOES BELOW 6, BUT TRY MOVING SLOWLY AND IN SMALL AMOUNTS TO SEE WHAT YOU CAN MANAGE.

*THESE ARE RECOMMENDATIONS BASED ON MY EXPERIENCE AS AN OCCUPATIONAL THERAPIST, AND AS A PATIENT WHO WENT THROUGH THIS PROCESS WITH AN EXERCISE PHYSIOLOGIST, PLEASE CONSULT WITH YOUR DOCTOR PRIOR TO ANY NEW EXERCISE ROUTINE, OR IF YOUR CONDITION WORSENS.



EVALUATE YOUR LEVEL OF EXERTION WHILE PERFORMING AN ACTIVITY.

RPE SCALE	RATE OF PERCEIVED EXERTION		
10	MAX EFFORT	COMPLETELY OUT OF BREATH AND CAN'T TALK. CAN'T MAINTAIN. FEELS IMPOSSIBLE TO CONTINUE.	
9	VERY HARD	BARELY BREATHING, ONLY ABLE TO SPEAK A FEW WORDS. VERY HARD TO MAINTAIN INTENSITY OF EXERCISE.	
7-8	VIGOROUS	SHORTNESS OF BREATH AND ABLE TO SPEAK A SENTENCE. BECOMING UNCOMFORTABLE TO PERFORM EXERCISE.	
4-6	MODERATE	HEAVY BREATHING, CAN HAVE A SHORT CONVERSATION. JUST WHERE YOU ARE STARTING TO FEEL CHALLENGED.	
2-3	LIGHT	BREATHING EASILY, CAN CARRY ON A CONVERSATION. FEELS LIKE YOU COULD CONTINUE FOR HOURS.	
1	VERY LIGHT	HARDLY ANY EXERTION, BUT MORE THAN SITTING, SLEEPING, READING, ETC.	

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0-10 SCALE OF PAIN SEVERITY

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SEVE	RITY	DESCRIPTION OF EXPERIENCE			
10	UNABLE TO MOVE	I AM IN BED AND CAN'T MOVE DUE TO MY PAIN. I NEED SOMEONE TO TAKE ME TO THE EMERGENCY ROOM TO GET HELP FOR MY PAIN			
9	SEVERE	MY PAIN IS ALL THAT I CAN THINK ABOUT. I CAN BARELY TALK OR MOVE BECAUSE OF THE PAIN.			
8	INTENSE	MY PAIN IS SO SEVERE THAT IT IS HARD TO THINK OF ANYTHING ELSE. TALKING AND LISTENING ARE DIFFICULT.			
7	UNMANAGEABLE	I AM IN PAIN ALL THE TIME. ITS KEEPING ME FROM DOING MOST ACTIVITIES.			
6	DISTRESSING	I THINK ABOUT MY PAIN ALL OF THE TIME, I GIVE UP MANY ACTIVITIES BECAUSE OF MY PAIN.			
5	DISTRACTING	I THINK ABOUT MY PAIN MOST OF THE TIME, I CANNOT DO SOME OF THE ACTIVITIES I NEED TO DO EACH DAY, BECAUSE OF THE PAIN,			
4	MODERATE	I AM CONSTANTLY AWARE OF MY PAIN BUT I CAN CONTINUE MOST ACTIVITIES.			
3	UNCOMFORTABLE	MY PAIN BOTHERS ME BUT I CAN IGNORE IT MOST OF THE TIME.			
2	MILD	I HAVE A LOW LEVEL OF PAIN, I AM AWARE OF MY PAIN ONLY WHEN I PAY ATTENTION TO IT.			
1	MINIMAL	MY PAIN IS HARDLY NOTICEABLE.			
0	NO PAIN	I HAVE NO PAIN.			
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