



Pulmonary Rehabilitation Program Home Exercise Diary

Program contact:

In this booklet you will find:

- (1) The days and time of your rehabilitation sessions,
- (2) Instructions on how to monitor your health and ensure you are well enough to exercise
- (3) A diary to record how much exercise you are doing
- (4) Contact information for enquires or assistance.



My appointments

My rehabilitation session are:

1. **Day:** _____

Time: _____

2. **Day:** _____

Time: _____

Date of first session: _____

Date of last session: _____

If you are unable to make your rehabilitation session, please inform:

Name: _____

Phone: _____

Name: _____

Phone: _____

You may also ring these telephone numbers if you have any other queries or concerns during the program.

Assessment at the Hospital/Centre:

Date: _____

Time: _____

Location: _____

Date: _____

Time: _____

Location: _____

Before you exercise

Exercise is not recommended if you have a chest infection or a flare up of your lung condition that has not been treated. Before you exercise, please ensure you have checked that you do not have any symptoms of a flare up.

Warning signs for a moderate flare up:

- more wheezy or breathless than normal
- increased cough or sputum, change in colour of sputum
- loss of appetite or difficulty sleeping
- taking more reliever medication than normal

If you have any of these warning signs of a moderate flare up, please do not start your exercise. Instead, ring:

Name: _____

Phone: _____

The health professional may ask you contact your local doctor or respiratory specialist.

Warning signs for a severe flare up:

- unable to perform normal activities like bathing and dressing
- fever or chills
- increased swelling of ankles
- extremely short of breath

**If you have any warning signs of a severe flare up,
please call your local emergency number.**

MY LOCAL EMERGENCY NUMBER IS: _____

Week 1 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise:

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 1 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 2 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 2 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 2 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 3 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 3 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 3 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 4 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 4 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 4 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 5 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 5 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 5 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 6 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 6 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 6 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 7 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 7 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 7 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Week 8 – My Exercise Goals

My exercise goal for this week is: _____

Endurance exercise: _____

Strength exercises: _____

How often will I exercise: _____

When I will do my exercise: _____

Where I will do my exercise: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve my exercise goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 8 – My Health Goals

One way I want to improve my health is: _____

My health goal for this week is: _____

When I will do it: _____

Where I will do it: _____

How often I will do it: _____

What might get in the way of my plan: _____

What I can do about it: _____

How confident am I that I can achieve this goal (please circle one):

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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Week 8 – My Exercise Diary

Day Date	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
Moderate flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe flare up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'yes', please follow the instructions on page 5.							
My endurance exercises Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
My strengthening exercises 1. 2. 3. 4. 5.							
Comments							

Improving your health

There are steps you can take to control the symptoms of your respiratory condition and slow down the progressive damage to your lungs.

Your health care professionals can help you to take steps that will make you feel better.

Each week, you will have the opportunity to discuss one of these areas with the health professional. Areas that you might like to discuss include:

- Exercising for better health
- Understanding your medications
- Maintaining a healthy diet
- Losing or gaining weight
- Managing breathlessness
- Managing flareups and chest infections
- Quitting smoking
- Making the most of your health professionals
- Managing your mood

- Getting the right support



In this space you might like to write down other topics you would like to discuss with the health professional:

Who can I contact if I have questions or need assistance?

For further information concerning your telerehabilitation program, or if you have any concerns, you can contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

