



**Pulmonary Rehabilitation Program**  
**Home Exercise Diary**

**Program contact:**

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*In this booklet you will find:*

- (1) The time of your weekly telephone call
- (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 weekly telephone call from the health professional:*

**Day:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Date of first call:** \_\_\_\_\_

**Date of last call:** \_\_\_\_\_

If you are unable to keep this telephone appointment, please inform:

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

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

***Hospital assessment:***

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

***8 week assessment:***

**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:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

The health professional may ask you to 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 of these warning signs of a severe flare up, please call the emergency number in your area \_\_\_\_\_ and tell them you have COPD.**

**Notes:** \_\_\_\_\_

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## Week 1 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

\_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):**

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							

## Week 2 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							

### Week 3 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							





## Week 4 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							

## Week 5 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							

## Week 6 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							



## Week 7 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							



## Week 7 – My Exercise Goals

My exercise goal for this week is: \_\_\_\_\_

When I will do my exercise: \_\_\_\_\_

Where I will do my exercise: \_\_\_\_\_

How often 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):

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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):**

<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very sure</b>	<b>Totally confident</b>
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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"/>
<b>If you answer 'yes', please follow the instructions on page 5.</b>							
<b>My endurance exercises</b> Type: _____ Duration: (goal) _____ Steps/distance: (goal) _____ Breathing score: (goal) _____ Leg score: (goal) _____							
<b>My strengthening exercises</b> 1. 2. 3. 4. 5.							
<b>Comments</b>							



## Improving your health

There are steps you can take to control the symptoms of COPD 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 during your phone call 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 flare-ups and chest infections
- Quitting smoking
- Making the most of your health professionals
- Getting the right support

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

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

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

**Name:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

