

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							