

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

## Exercise Training Log

For week beginning Monday \_\_\_\_\_  
day, month, year

Day	Time	Exercise Type (E.g. walking, bike, treadmill)	Exercise Duration (Minutes)	Exercise Intensity (RPE and/or Heart Rate*) <u>*Heart rate for HIIT group only</u>	Did you achieve your Exercise Protocol? If no, please state reason or detail on next page	Any Adverse Events or Symptoms? If yes, please detail on next page
				Overall RPE: *Highest heart rate: *Average heart rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Reason for not following exercise protocol**

Day and Time	Reason for not following exercise protocol (E.g. unwell, fatigue, injury)

**Adverse Event or Symptom Log**

Day and Time	Type of adverse event or symptom	How did you manage the adverse event or symptom?	Have you reported it to the study coordinator?
			<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