

# EXERCISE PRESCRIPTION AND TRACKER



For month of :

Name:

Date:

<p><b>Check the Health Benefits You Want:</b></p> <ul style="list-style-type: none"> <li>◇ Reduce my risk for fatal heart attack by as much as half</li> <li>◇ Reduce my risk of strokes by as much as 40%</li> <li>◇ Improve my cholesterol</li> <li>◇ Decrease my blood pressure</li> <li>◇ Unload daily stress</li> <li>◇ Improve my sleep</li> <li>◇ Improve my mood</li> <li>◇ Improve tone and look better</li> <li>◇ Reduce my risk for injuries</li> <li>◇ Improve my immune system</li> </ul>	<ul style="list-style-type: none"> <li>◇ Decrease my risk of colon cancer</li> <li>◇ Better blood sugar for diabetes control/ prevention</li> <li>◇ Build muscle</li> <li>◇ Improve my performance in a sport</li> <li>◇ Lose weight</li> <li>◇ Improve strength</li> <li>◇ Improve flexibility</li> <li>◇ Improve endurance</li> <li>◇ Slow down my aging process</li> </ul>
--	---

Your maximum heart rate is:  $220 - \text{age} = \underline{\hspace{2cm}}$  Your **heart rate training zones** are a pulse rate/min of  $\underline{\hspace{2cm}}$  -  $\underline{\hspace{2cm}}$

The suggested **length** of your aerobic sessions in your training heart rate zone is:

The suggested **frequency** of your exercise sessions are:

**Strength Training:**

**Stretching:**

Your **exercise options** are:

## Goal Weekly Workout Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Month:** *Write the numbers of the days of the month below. Record in each box the activity and the amount of time.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday