# My Prescribed Activity / Home Exercise Program (HEP) Log

Provided by Kindred at Home
www.kindredathome.com
1.866.CARE.KAH

Kindred at Home
*Our Care Matters*

| Date | Type of Activity or Exercise | Amount of Minutes/Distance | Borg RPE (out of 20) | Dyspnea RPE (out of 10) | Activity and Exercise Zone (check one) |
|---|---|---|---|---|---|
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |
| | | | | | ☐ Green ☐ Yellow |