

Client Label

## Daily Exercise Record

Date	Time	Time Spent Exercising	Type of Exercise	Notes (how troublesome were your
				heart failure symptoms)

## Health PEI One Island Health System

Client Label

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Time	Time Spent	Type of Exercise	Notes (how
	Exercising		troublesome were your
			heart failure symptoms)
	Time	Time  Time Spent    Exercising	Time Time Spent Type of Exercise