

AdvantagePlusCaregivers.com®

We're all about the Care!

Physical Exercise Report

R Name:			

A/M-Whether it is Aerobic and or Muscular

Areas Exercised: 1-Feet, 2-Legs, 3-Abdominal, 4-Chest, 5-Back, 6-Arms, 7-Neck,

Effort Given: 0 - no effort, 1 - slight effort, 2 - moderate effort, 3 - strong effort, 4 - excellent effort

Ability: 0 – cannot do, **1** – slight ability, **2** – moderate ability, **3** – good ability, **4** – excellent ability

Time	Min.	Physical Exercise Activity	Areas of Focus / Work							Effort			
				1	2	3		5	6	Given	Ability	Caregiver	Notes / Comments
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What Could Improve Physical Health and Condition?							

INSTRUCTIONS:

- CR = Care Recipient, CG = Caregiver
- Mins: How many minutes was the exercise performed?
- Physical Exercise Activity: Describe the exercise or activity.
- Area of Focus / Work: check the columns for the appropriate area(s) of focus with this exercise.
- Effort Given: Enter a number to represent the effort the CR puts into the exercise.
- Ability: Enter a number to represent the CR's ability with this exercise.
- Caregiver Name: Caregiver name goes here.
- Note: Write any notes or observations about the CR's performance of this exercise
- Maintain a file with blank forms and completed forms. When the current form is full, file it in the file and replace with a new blank form. The Care Agent or doctor may request to see these forms at any time.