



Physical Exercise Report

CR 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

Date	Time	Min.	Physical Exercise Activity	Areas of Focus / Work								Effort Given	Ability	Caregiver	Notes / Comments
				A/M	1	2	3	4	5	6	7				

