| <u>Date</u> | How are you feeling today? | How have you been feeling since your | Have you completed any physical    | Before class   |
|-------------|----------------------------|--------------------------------------|------------------------------------|----------------|
|             | Well                       | last class?                          | activity since your last class?    | Blood pressure |
|             | Unwell                     | Well                                 | Yes                                |                |
|             |                            | Unwell                               | No                                 | Heart Rate     |
|             | If unwell what is wrong:   |                                      |                                    |                |
|             | Breathless                 | If unwell what was wrong?            | If yes, what physical activity did | After Class    |
|             | Fatigued                   | Breathless Fatigued                  | you do?                            | Blood pressure |
|             | Chest pain                 | Chest pain Nausea                    |                                    |                |
|             | Nausea                     | Other (please specify)               |                                    | Heart Rate     |
|             | Other (please specify)     |                                      |                                    |                |
| <u>Date</u> | How are you feeling today? | How have you been feeling since your | Have you completed any physical    | Before class   |
|             | Well                       | last class?                          | activity since your last class?    | Blood pressure |
|             | Unwell                     | Well                                 | Yes                                | ·              |
|             |                            | Unwell                               | No                                 | Heart Rate     |
|             | If unwell what is wrong:   |                                      |                                    |                |
|             | Breathless                 | If unwell what was wrong?            | If yes, what physical activity did | After Class    |
|             | Fatigued                   | Breathless Fatigued                  | you do?                            | Blood pressure |
|             | Chest pain                 | Chest pain Nausea                    |                                    |                |
|             | Nausea                     | Other (please specify)               |                                    | Heart Rate     |
|             | Other (please specify)     |                                      |                                    |                |
| <u>Date</u> | How are you feeling today? | How have you been feeling since your | Have you completed any physical    | Before class   |
|             | Well                       | last class?                          | activity since your last class?    | Blood pressure |
|             | Unwell                     | Well                                 | Yes                                | ·              |
|             |                            | Unwell                               | No                                 | Heart Rate     |
|             | If unwell what is wrong:   |                                      |                                    |                |
|             | Breathless                 | If unwell what was wrong?            | If yes, what physical activity did | After Class    |
|             | Fatigued                   | Breathless Fatigued                  | you do?                            | Blood pressure |
|             | Chest pain                 | Chest pain Nausea                    |                                    |                |
|             | Nausea                     | Other (please specify)               |                                    | Heart Rate     |
|             | Other (please specify)     |                                      |                                    |                |
|             | ,                          |                                      |                                    |                |

| <u>Date</u> | Exercise 1              | Exercise 2              | Exercise 3              | Exercise 4              |
|-------------|-------------------------|-------------------------|-------------------------|-------------------------|
|             | Machine                 | Machine                 | Machine                 | Machine                 |
|             | Time                    | Time                    | Time                    | Time                    |
|             | Parameters              | Parameters              | Parameters              | Parameters              |
|             | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) |
|             | O2 Sats                 | O2 Sats                 | O2 Sats                 | O2 Sats                 |
|             | RPD                     | RPD                     | RPD                     | RPD                     |
|             | Machine                 | Machine                 | Machine                 | Machine                 |
|             | Time                    | Time                    | Time                    | Time                    |
|             | Parameters              | Parameters              | Parameters              | Parameters              |
|             | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) |
|             | O2 Sats                 | O2 Sats                 | O2 Sats                 | O2 Sats                 |
|             | RPD                     | RPD                     | RPD                     | RPD                     |
|             | Machine                 | Machine                 | Machine                 | Machine                 |
|             | Time                    | Time                    | Time                    | Time                    |
|             | Parameters              | Parameters              | Parameters              | Parameters              |
|             | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) | (speed, incline, level) |
|             | O2 Sats                 | O2 Sats                 | O2 Sats                 | O2 Sats                 |
|             | RPD                     | RPD                     | RPD                     | RPD                     |

RPD = Rate of perceived dyspnoea