

Aerobic Exercise Calendar for _____ Date _____

Please circle the benefits you seek from your exercise program:

- Decrease my risk of heart attack and strokes
- Improve cholesterol
- Improve endurance and energy
- Improve self-esteem and mood
- Decrease my stress
- Slow Down Aging
- **Weight Loss**
Decrease **Risk** for Diabetes, Cancer and other diseases

I exercise best (circle one): before work, lunchtime, after work

	Mon	Tue	Wed	Thurs.	Fri	Sat	Sun
Week 1							
Activity							
Time/Distance							
Route/Program							
Heart Rate							
Comments							
Week 2							
Activity							
Time/Distance							
Route/Program							
Heart Rate							
Comments							
Week 3							
Activity							
Time/Distance							
Route/Program							
Heart Rate							
Comments							
Week 4							
Activity							
Time/Distance							
Route/Program							
Heart Rate							
Comments							