

Date	Did you go out for a walk today? Yes/No	How many times?	How long was each of your walks? (in minutes) [e.g. walk1=10mins; walk2=20mins, etc]
<p>What RPE did you achieve? Rating of Perceived Exertion (Please circle below)</p> <p style="text-align: center;"> <u> 6 </u> <u> 7 </u> <u> 8 </u> <u> 9 </u> <u> 10 </u> <u> 11 </u> <u> 12 </u> <u> 13 </u> <u> 14 </u> <u> 15 </u> <u> 16 </u> <u> 17 </u> <u> 18 </u> <u> 19 </u> <u> 20 </u> </p> <p style="text-align: center;">no exertion very light light somewhat hard hard very hard extremely hard maximal exertion</p>			
What did you enjoy about your walk/s?	What did you NOT enjoy about walk/s?	Did you complete the course set by the exercise therapist? Yes/No	
<p>If you did NOT go out, why not? Please circle below</p> <p>Didn't feel like it / Something stopped me (i.e. pain, agitation, weather conditions)/ Carer unavailable/ Other (please describe below)</p>			