

HEART ZONES EDUCATION WEEKLY LOG



Name: _____

Date						Comments/summary
Ambient heart rate						
Delta heart rate						
Recovery heart rate						
Maximal heart rate Submaximal/1-mile (1.6 km) walking test						
Sleep (hours)						
Breakfast/lunch (short list of foods eaten)						
Exercise (total in min)						
Relationships with others (positive or negative)						
Tests and projects (any major assignments due?)						
Completed assignments (i.e., no longer adding to stress level)						
Medications						
Stimulants (e.g., caffeine)						
Smoking (yes or no)						
Mood on a scale of 1 to 10						