

# STAMINA Lifestyle Intervention (SLI) Logbook Week 13 - 52

Name	
Trial ID	
Name of allocated Clinical Exercise Specialist	
Date from	
Date until	

**Has this participant been randomly allocated to receive a  
Heart Rate monitor? YES  NO**

## Referral information

<b>Co-morbidities and functional limitations</b>
<b>Medications</b>
<b>Exercises to avoid</b>

## Progress Review Schedule

Participant progress should be reviewed every 6 - 7 weeks. Please determine the date of each review based on when the participant started the STAMINA programme.

Session	Date Due
Induction session	
19-week review	
26-week review (6 months)	
32-week review	
39-week review (9 months)	
45-week review	
52-week review (12 months)	

All review sessions should be scheduled one-to-one, in advance. We recommend scheduling review sessions during the previous review session. For example, please schedule the 26-week review during the 19-week review session.

Behavioural support should be provided in each review session. There are prompts on the review forms for which topics to discuss.

## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
If the session was not attended, or the exercise prescription altered, please provide detail here:				

## Progress review (week 19): Motivation

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>
<b>Review</b>	
1. Please provide feedback on participant progress:	
2. For the next six weeks, the participant will:	
<input type="checkbox"/> receive one-to-one supervision	
<input type="checkbox"/> receive group supervision	
<input type="checkbox"/> other (if other, please add detail)	
3. Has the outcome been discussed with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you discussed motivation with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Have you scheduled the next review session?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	

## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

<b>Aerobic Exercise description</b> (Target: 30-45 mins)	<b>Duration</b>
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
If the session was not attended, or the exercise prescription altered, please provide detail here:				



## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
<b>If the session was not attended, or the exercise prescription altered, please provide detail here:</b>				

**Progress review (6 months): Reflection/imagery**

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>

1. Number of sessions completed	/ 3
2. What has gone well over the past 3 months?	
3. What has gone less well over the past 3 months?	

<p>4. What might help for the future?</p>
<p>5. What are the participants exercise plans for the next 12 weeks (i.e., frequency and mode of supervision)?</p> <p><input type="checkbox"/> group supervision once a month (maximum)</p> <p><input type="checkbox"/> group supervision once every three months (minimum)</p> <p><input type="checkbox"/> other (if other, please add detail)</p>
<p>6. Has the participant been using their STAMINA diary? (Please provide detail)</p>
<p>7. Have you discussed reflection with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>8. Have you discussed imagery with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>9. Have you scheduled the next review session? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p>

**\*Please scan the 6-month progress review to the STAMINA team within 48 hours**

## Submaximal exercise test (6 months)

Date of submaximal exercise test	
Name of Clinical Exercise Specialist	
Performed on a Bike <input type="checkbox"/> or a Treadmill <input type="checkbox"/>	

Time	RPE
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	
11:00	
12:00	
13:00	
14:00	
15:00	
16:00	
17:00	
18:00	
19:00	
20:00	
21:00	

<b>Duration of test</b>	
<b>RPE at test termination</b>	
<b>Reason for test termination</b> <small>(See appendix 1)</small>	

<p><b>If the test was not performed, please provide the reason below:</b></p>       
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## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
<b>If the session was not attended, or the exercise prescription altered, please provide detail here:</b>				

## Progress review (week 32): Setbacks

Date of STAMINA review	
Individual conduction review	
Mode of delivery	Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>
<b>Review</b>	
1. Please provide feedback on participant progress:	
2. For the next six weeks, the participant will:	
<input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other (if other, please add detail)	
3. Has the outcome been discussed with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you discussed setbacks with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Have you scheduled the next review session?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	



## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

<b>Aerobic Exercise description</b> (Target: 30-45 mins)	<b>Duration</b>
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
<b>If the session was not attended, or the exercise prescription altered, please provide detail here:</b>				

## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
<b>If the session was not attended, or the exercise prescription altered, please provide detail here:</b>				

## Progress review (month 9): Goal setting

Date of STAMINA review	
Individual conduction review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>
<b>Review</b>	
1. Please provide feedback on participant progress:	
2. For the next six weeks, the participant will:	
<input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other (if other, please add detail)	
3. Has the outcome been discussed with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you discussed goal setting with the participant?	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Have you scheduled the next review session?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	

## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
<b>If the session was not attended, or the exercise prescription altered, please provide detail here:</b>				

# Progress review (week 45): Recognising your achievements

Date of STAMINA review	
Individual conduction review	
Mode of delivery	Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>
<b>Review</b>	
1. Please provide feedback on participant progress:	
<p>2. For the next six weeks, the participant will:</p> <input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other (if other, please add detail)	
3. Has the outcome been discussed with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you discussed achievements with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Have you scheduled the next review session? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	



## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
If the session was not attended, or the exercise prescription altered, please provide detail here:				

## Exercise Record: Session ...

Date & time of exercise session		am/ pm
Was HR recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mode of delivery	a) One-to-one <input type="checkbox"/> <b>OR</b> group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> <b>OR</b> remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

Aerobic Exercise description (Target: 30-45 mins)	Duration
<b>Average RPE for aerobic exercise:</b>	

<b>Resistance exercise description</b> (Target: up to 4 sets, 8-12 reps)	Sets	Reps	Load	RPE
If the session was not attended, or the exercise prescription altered, please provide detail here:				

## Progress review (12 months): Action planning

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>

1. Number of sessions completed	/ 6
2. What has gone well over the past 6 months?	
3. What has gone less well over the past 6 months?	

4. What might help for the future?

5. What are the participants exercise plans following the STAMINA programme?

6. Has the participant been using their STAMINA diary?  
(Please provide detail)

7. Have you discussed action planning with the participant?  
Yes  No  N/A

## Submaximal exercise test (12 months)

Date of submaximal exercise test	
Name of Clinical Exercise Specialist	
Performed on a Bike <input type="checkbox"/> or a Treadmill <input type="checkbox"/>	

Time	RPE
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	
11:00	
12:00	
13:00	
14:00	
15:00	
16:00	
17:00	
18:00	
19:00	
20:00	
21:00	

<b>Duration of test</b>	
<b>RPE at test termination</b>	
<b>Reason for test termination</b> <small>(See appendix 1)</small>	

<p><b>If the test was not performed, please provide the reason below:</b></p>     
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## Appendix 1

When completing the submaximal exercise test record, you will be asked to provide a reason for test termination (as shown below).

<b>Reason for test termination</b> (See appendix 1)	
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Please select the closest matched reason from the list below and write it in the relevant box:

- Achieved RPE of 8
- Breathlessness
- Leg fatigue
- General fatigue
- Musculoskeletal pain
- Other pain
- Other, please specify