

STAMINA Lifestyle Intervention (SLI) Logbook Week 1 - 12

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

Co-morbidities and functional limitations
Medications
Exercises to avoid

Run-in period

Does the participant require a run-in period?*

Yes No

If yes, please provide details using the headings below:

Frequency of sessions:

Duration of aerobic:

Reps/ sets of resistance:

Intensity (RPE):

When should the run-in period be reviewed?

Date:

When did the run-in period end?

Date:

***If yes, please email the STAMINA team the details of the run-in period within 48 hours**

Progress Review Schedule

Participant progress should be reviewed at the end of week 2, 4, 6 and 12. Please determine the date of each review based on when the participant started the STAMINA programme.

Session	Date Due
Induction session	
2-week review	
4-week review	
6-week review	
12-week review (3 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 4-week review during the 2-week review session.

Behavioural support should be provided in each review session. There are prompts on the review forms for which topics to discuss, and detailed instruction in your training manual.

Submaximal exercise test (baseline)

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	

Duration of test	
RPE at test termination	
Reason for test termination (See appendix 1)	

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

Patient Induction

Has the patient completed an induction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, date of induction	
Have you reinforced blood pressure recommendations from the referral information (page 2)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

Travel

In the patient’s induction session, please ask them how far they have travelled to get to their first session. If they are unsure, please ask them to provide an estimate and record the details below.

Distance from patient’s home address to the gym	miles
Additional information:	

Exercise Record: Week 1, Session 1

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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 1, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 2, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 2, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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 2): Boom & Bust

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>
Progression criteria	
1. Does the participant demonstrate good technique from verbal instruction/ demonstration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Can the participant use the equipment independently? (e.g., aerobic/ resistance machines, heart rate monitor)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Can the participant communicate difficulties/ preferences where appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Please provide feedback on participant progress:	
5. For the next two weeks, the participant will: <input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other, please specify	
6. Has the outcome been discussed with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Have you discussed Boom and Bust with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Have you scheduled the next review session? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

Exercise Record: Week 3, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 3, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 4, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 4, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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 4): Rewards

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>
Progression criteria	
1. Does the participant demonstrate good technique from verbal instruction/ demonstration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Can the participant use the equipment independently? (e.g., aerobic/ resistance machines, heart rate monitor)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Can the participant communicate difficulties/ preferences where appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Please provide feedback on participant progress:	
5. For the next two weeks, the participant will: <input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other, please specify	
6. Has the outcome been discussed with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Have you discussed Rewards with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Have you scheduled the next review session? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

Exercise Record: Week 5, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 5, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 6, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 6, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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 6): Goal setting

Date of STAMINA review	
Individual conducting review	
Mode of delivery	Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>
Progression criteria	
1. Does the participant demonstrate good technique from verbal instruction/ demonstration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Can the participant use the equipment independently? (e.g., aerobic/ resistance machines, heart rate monitor)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Can the participant communicate difficulties/ preferences where appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Please provide feedback on participant progress:	
5. For the next two weeks, the participant will: <input type="checkbox"/> receive one-to-one supervision <input type="checkbox"/> receive group supervision <input type="checkbox"/> other, please specify	
6. Has the outcome been discussed with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Have you discussed Goal Setting with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Have you scheduled the next review session? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

Exercise Record: Week 7, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 7, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 8, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 8, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 9, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 9, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 10, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 10, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 11, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 11, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 12, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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: Week 12, 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"/> OR group <input type="checkbox"/> b) Face-to-face <input type="checkbox"/> OR remote <input type="checkbox"/>	
Name of Clinical Exercise Specialist		

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

Resistance exercise description (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 weeks): Social support & habits

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	/ 24
2. What has gone well over the past 12 weeks?	
3. What has gone less well over the past 12 weeks?	

4. What might help for the future?
5. What are the participants exercise plans for the next 12 weeks? (i.e., frequency and mode of supervision)* <input type="checkbox"/> group supervision once a month (maximum) <input type="checkbox"/> group supervision once every three months (minimum) <input type="checkbox"/> other, please specify
6. Has the participant been using their STAMINA diary? (Please provide detail)
7. Have you discussed social support with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8. Have you discussed habit formation with the participant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

***Please email the STAMINA team the details of the participants exercise plans for the next 12 weeks**

Submaximal exercise test (12 weeks)

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	

Duration of test	
RPE at test termination	
Reason for test termination (See appendix 1)	

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

Appendix 1

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

Reason for test termination (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