





















































































# HYPERTROPHIC CARDIOMYOPATHY

## ▶ Weekly HCM exercise planner

Keep a daily log so you can see how active you are being and track your progress.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week of _____							
What I did							
Total minutes of activity							
How I felt after (circle one)	  	  	  	  	  	  	  
Week of _____							
What I did							
Total minutes of activity							
How I felt after (circle one)	  	  	  	  	  	  	  

Speak up if you have questions or concerns about exercise.  
 Also check in with your care team before starting any new activity or exercise program.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week of _____							
What I did							
Total minutes of activity							
How I felt after (circle one)	  	  	  	  	  	  	  
Week of _____							
What I did							
Total minutes of activity							
How I felt after (circle one)	  	  	  	  	  	  	  
Week of _____							
What I did							
Total minutes of activity							
How I felt after (circle one)	