

Borg RPE Scale

Date:

Patient's Name:

Examiner's Name (if applicable):

RPE	Exertion Felt	
6	No exertion at all	<input type="checkbox"/>
7	Extremely light	<input type="checkbox"/>
8		<input type="checkbox"/>
9	Very light	<input type="checkbox"/>
10		<input type="checkbox"/>
11	Light	<input type="checkbox"/>
12		<input type="checkbox"/>
13	Somewhat hard	<input type="checkbox"/>
14		<input type="checkbox"/>
15	Hard	<input type="checkbox"/>
16		<input type="checkbox"/>
17	Very hard	<input type="checkbox"/>
18		<input type="checkbox"/>

19	Extremely hard	<input type="checkbox"/>
20	Maximal exertion	<input type="checkbox"/>

Estimate of actual heart rate*: _____ BPM

**Formula:* RPE x 10 = ___ BPM

Notes: