

# RPE Scale

## Patient Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

Activity: \_\_\_\_\_

**Instructions:** Rate your perceived exertion at the end of each stage of the activity on a scale of 1 to 10. Use the RPE scale below as a reference. Record the corresponding number in the table below.

RPE Scale	Description
0	No exertion at all
0.5	Extremely light
1	Very light
2	Light
3	Moderate
4	Somewhat heavy
5	Heavy
6	Intense
7	Very intense
8	Extremely intense
9	Maximal exertion
10	Peak exertion

Activity	Time (in minutes)	RPE Score

## Notes