Borg RPE Scale

Date: _____ dd / mm / yyyy **Patient's Name:** _____

Examiner's Name (if applicable): _____

RPE Exertion Felt

- ◯ 6 - No exertion at all
- ◯ 7 - Extremely light
- ◯ 8
- ◯ 9 - Very light
- ◯ 10
- ◯ 11 - Light
- ◯ 12
- ◯ 13 - Somewhat hard
- ◯ 14
- ◯ 15 - Hard
- ◯ 16
- ◯ 17 - Very hard
- ◯ 18
- ◯ 19 - Extremely hard
- ◯ 20 - Maximal exertion

Estimate of actual heart rate: _____ BPM:

Formula: RPE x 10 = ___ BPM: _____

Notes: