

Supplementary Table S1. The form of exercise prescription and exercise diary

Exercise prescription					
Aerobic exercise					
Frequency*	() days/wk				
Intensity [†]	() km/hr				
Time	<input type="checkbox"/> 10 min <input type="checkbox"/> 20 min <input type="checkbox"/> 30 min <input type="checkbox"/> 40 min <input type="checkbox"/> 50 min <input type="checkbox"/> 60 min				
Type	<input type="checkbox"/> Walking (treadmill) <input type="checkbox"/> Biking (treadmill)				
Muscle exercise					
Frequency*	() days/week				
Intensity [†]	<input type="checkbox"/> Yellow* <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Sand bag () kg				
Time	<input type="checkbox"/> 5 times×3 sets <input type="checkbox"/> 10 times×3 sets <input type="checkbox"/> 15 times×3 sets				
Type	<input type="checkbox"/> Upper extremities <input type="checkbox"/> Lower extremities				
Exercise diary [§]					
Date	Breathing exercise	Aerobic exercise	Muscle exercise (upper extremities)	Muscle exercise (lower extremities)	Exercise for over 30 minutes [‡]

*Usually, 3 to 5 days a week for aerobic exercise and 2 to 3 days a week for muscle exercise. [†]Usually, 3 to 6 points of Borg dyspnea scale for aerobic exercise and 50% to 60% of one repetition maximum for muscle exercise. [‡]Resistance band: Yellow, super light; Red, light; Green, medium; Blue, heavy. [§]Check if you exercise as prescribed. [‡]Check if you exercise for more than 30 minutes in total.