



NAME		DATE / /		DAYTIME		actdiary.xls				
SITTING		WALKING or STANDING		LYING DOWN		PAIN LEVEL	MEDICATIONS		OTHER DATA	
Time	Major activity	How long?	Major activity	How long?	Major activity	How long?	(0-5)	Type	Amount	(if requested)
6-7 am										
7-8 am										
8-9 am										
9-10 am										
10-11am										
11-12pm										
12-1pm										
1-2pm										
2-3pm										
3-4pm										
4-5pm										
5-6pm										
TOTAL HOURS: SITTING			STANDING		LYING DOWN				AVERAGE WAKING PAIN LEVEL	

NAME		DATE / /		EVENING		PAIN LEVEL		MEDICATIONS		actdiary.xls
SITTING			WALKING or STANDING		LYING DOWN		PAIN LEVEL	MEDICATIONS		OTHER DATA (if requested)
Time	Major activity	How long?	Major activity	How long?	Major activity	How long?	(0-5)	Type	Amount	
6-7pm										
7-8pm										
8-9pm										
9-10pm										
10-11pm										
11-12pm										
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TOTAL HOURS: SITTING			STANDING		LYING DOWN				AVERAGE WAKING PAIN LEVEL	