

ACTIVITY DIARY

Name J Smith

Dates From Oct 1 To Oct 7

Directions

It is important that you keep this diary for 7 days.

Please indicate the major activity that you were doing for each hour whether you felt pain or not. Use one of the three position headings (sitting, walking/standing or lying down) to write what you were doing. Also record your average pain level for the hour using the 0-5 scale below. If you took any medication please record what you took and how much. Fill out a little bit of the form several times a day. Do not rely on your memory to fill out the whole page in the evening.

Pain Scale:

- 0 no pain
- 1 very low level; aware of it only at times
- 2 pain level can be ignored at times; does not interfere with everyday activity
- 3 painful; makes concentration difficult but can continue activity
- 4 severe; interferes with all tasks except taking care of basic needs (eating, toileting)
- 5 intense; incapacitating; rest or bedrest required

Example

SITTING			WALKING or STANDING		LYING DOWN		PAIN LEVEL (0-5)	MEDICATIONS		OTHER DATA (if requested)
Time	Major activity	How long	Major activity	How long	Major activity	How long		Type	Amount	
6-7 am					Sleeping	1 hr	0			
7-8 am					Sleeping	1 hr	0			
8-9 am			Prepared breakfast	30 min	Resting	15 min	2			
9-10 am	Had breakfast	45 min	Dishes	15 min			3	Valium	1 tab 25 mg	