

Activity Log

Name: _____

Date Commencing: _____

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
SLEEP: Write number of hours you slept and the sleep quality: 1 = very poor 2 = poor 3 = fair 4 = good 5 = very good							
Functional Capacity Scale: Record your activity using one word and your energy rating using the scale 1-10/10 every hour in each square.							
Activities: (please specify)							
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
# of minutes walked							
# of usable hours / day							