

Activity Log

Name: _____

Date: _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
No. of Hrs. Sleep 11:00 pm – 6:00 am							
Sleep Quality	<div>1 = very poor 2 = poor 3 = fair 4 = good 5 = very good</div>						
Functional Capacity Scale at beginning of day							
0 – 10 (see reverse)							
Activities (please specify)							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
No. of Mins. Walked / Day							
No. of Usable Hours / Day							
Functional Capacity Scale at end of day							
0 – 10 (see reverse)							

YOUR ACTIVITY LOG:

- Keep it in a handy place.
- Complete it every day.
- Take your completed logs to your doctor/other health care provider at follow-up visits.
- Your logs assist your doctor/other health care provider to adjust your treatment plan as needed.
- Completed logs may reassure your insurance company of your active ongoing participation in your treatment.

COMPLETING YOUR ACTIVITY LOG:

- You may change the times on the left hand side of the log to suit your usual schedule (e.g. if you usually get up at 10:00 am and go to bed at 2:00 am, write 10:00 am in as the first time, and adjust the other times accordingly).
- Please note your activities with one or two word(s) in the appropriate time slots (e.g. dressed, made bed, nap).

FUNCTIONAL CAPACITY SCALE:

- The Functional Capacity Scale incorporates energy rating, symptom severity, and activity level. The description after each scale number should help you to rate your functional capacity at the beginning and end of each day.

- 0 = No energy, severe symptoms including very poor concentration; bed ridden all day; cannot do self-care (e.g. need bed bath to be given).
- 1 = 10% energy, severe symptoms at rest, including very poor concentration; in bed most of the day; need assistance with self-care activities (e.g. tub bath).
- 2 = 20% energy, severe symptoms at rest, including poor concentration; frequent rests or naps; need some assistance with limited self-care activities.
- 3 = 30% energy, moderate symptoms at rest, including poor concentration; need frequent rests or naps; can do independent self-care but have severe post exertion fatigue.
- 4 = 40% energy, moderate symptoms at rest, including some difficulty concentrating; need frequent rests throughout the day; can do independent self-care and limited activities of daily living (e.g. light housework, laundry); can walk for a few minutes per day.
- 5 = 50% energy, mild symptoms at rest with fairly good concentration; need a.m. and p.m. rest; can do independent self-care and moderate activities of daily living, but have slight post exertion fatigue; can walk 10 – 20 minutes per day.
- 6 = 60% energy, mild or no symptoms at rest with fairly good concentration; need afternoon rest; can do most activities of daily living except vacuuming; can walk 20 – 30 minutes per day; can do volunteer work — maximum total time 4 hours per week, with flexible hours.
- 7 = 70% energy, mild or no symptom at rest with good concentration; can do more intense activities of daily living (e.g. grocery shopping, vacuuming) but may get post exertion fatigue if 'overdo'; can walk 30 minutes per day; can work limited hours, less than 25 hours per week; no or minimal social life.
- 8 = 80% energy, mild intermittent symptoms with good concentration; can do full self-care, work 40 hours per week, enjoy a social life, do moderate vigorous exercise three times per week.
- 9 = 90% energy, no symptoms with very good concentration, full work and social life; can do vigorous exercise three to five times a week.
- 10 = 100% energy, no symptoms, excellent concentration, over achiever (sometimes may require less sleep than average person).

NUMBER OF USABLE HOURS / DAY = Number of hours NOT asleep or resting/meditating with eyes closed