Activity Log

Name: _____   Date: _____

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# of Hrs Slept Btwn 11 pm & 6 am							
SLEEP QUALITY 1 = very poor			2 = poor	3 = fair		4 = good	5 = very good
Functional Capacity Scale at the best and worst time of the day. 0 - 10							
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 mins. Walked / day							
# of usable hrs / day							
Functional Capacity Scale at end of day							

Dr. Alison Bested ©