Daily activity diary

Date:

Last night's sleep hours and quality (How well did you sleep? How many times did you wake up or get out of bed? How long did it take you to fall asleep?):

Extra comments about today (Extra medicine taken? Stress level? Mood? Weather? Other?):

Time	**Activity**	**Fatigue** (0 – 10)*	**Comments** (Are physical and cognitive symptoms getting better or worse? What is the environment like: loud, hot, busy?)
6:00 a.m.			
7:00			
8:00			
9:00			
10:00			
11:00			
12:00 p.m.			
1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00 p.m.			

* To rate your fatigue, 0 is no fatigue and 10 is very high fatigue.

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Created by: Calgary Multiple Sclerosis (MS) Program - Occupational Therapy

Alberta Health Services