

WORKSHEET 1 – EXPERIMENTATION SHEET

ACTIVITY	NONE	NONE	NONE	SLIGHT	MODERATE	SEVERE	VERY SEVERE	RELAPSE
	Degree of symptom increase (fill in number of minutes)							
Socialising with several people								
Telephone call								
Watching TV								
Showering								
Washing the dishes								
Driving								
Shopping								
Walking								
Reading								
Listening to music								
Brushing teeth								
Dressing								
Cooking								
Meals								
Craft activities								
Handwriting								
Typing								
Internet								
Cleaning								
Tidying								
Texting								
Caring for/being with children								
Work/school								
Public transportation								
Exercising								
Playing indoors								
Playing outdoors								
Sitting								
Standing								

