## WORKSHEET 4 - DETAILED ACTIVITY DIARY

POINTS (SEE CHAPTER 16)				8	8					
GRADE (0–4) (SEE CHAPTER 16)										
SYMPTOM LEVEL AFTER ACTIVITY (0-10):										
SYMPTOMS:										
TIME:										
TYPE OF ACTIVITY OR REST:										
SYMPTOM LEVEL BEFORE ACTIVITY (0-10):										

Continued on reverse

OBSERVATIONS:		NOTES:
Sleep (hours):	Other.	
	observations:	
Meals (number):		
Stress level (0-10):		
Menstruation (x):		
Weather: S(un), O(vercast), R(ain),		
T(hunder):		
Noise/sounds (0-10):		
Food, changes (note below):		
SYMPTOMS (0-10)	Other symptoms:	
Fatigue/exhaustion:		
Malaise:		
Sleep disturbance:		
Muscle twitching:		
Numbness and tingling:		
Allergy (what, write notes below):		
Concentration problems:		
Memory problems:		
Oversensitivity:		
Light:		
Noise:		
Touch:		
Smells:		
Pulse/blood pressure/shortness of breath:		
Dizziness:		
Sore throat:		
Nausea:		
Diarrhoea/constipation:		
Thirst/hunger:		
Pain/discomfort (where):		