

# ACTIVITY AND SYMPTOMS JOURNAL

WHEN  
THE ENVIRONMENT  
MAKES YOU ILL

Need to  
understand,  
need  
to act

Week of: \_\_\_\_\_ to \_\_\_\_\_  
DD / MM / YYYY DD / MM / YYYY

day	quality of sleep (night)	hour or time of day	activities	symptoms	source of exposure (if known)	level of capacity
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

## Capacity scale

Sleep quality code for the previous night      1 = very poor      2 = poor      3 = fair      4 = good      5 = very good

Adapted from a document by the Environmental Health Clinic

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## YOUR ACTIVITY LOG

- Keep it handy.
- Fill it out every day.
- Show the log to your physician or health care professional at your next appointment.
- Your log will help your physician or health care professional adjust your treatment plan as needed.
- Completing this activity log could convince your insurance company that you are actively participating in your treatment.
- Resting is defined as lying down with your eyes closed to sleep or meditate.

## FILLING OUT YOUR LOG

- First thing in the morning, rate the sleep quality of the previous night.
- Log your activities using one or two words in the appropriate slot (e.g. walk, bank, company, dentist, work, etc.).
- Briefly but fully describe any symptoms.
- If you identify a trigger that set off your symptoms, specify it.

## FUNCTIONAL CAPACITY SCALE

The functional capacity scale rates your energy and activity levels, as well as the severity of your symptoms.

The description after each scale number should help you rate your functional capacity at the beginning and end of each day.

- 0** = No energy; severe symptoms including very poor concentration, bedridden all day, independent personal care is impossible (e.g. you need help to take a bath).
- 1** = 10% energy; severe symptoms at rest, including very poor concentration; bedridden almost all day; need help with personal care (e.g. taking a bath).
- 2** = 20% energy; severe symptoms at rest, including poor concentration; need frequent rests or naps; need help with some personal care activities.
- 3** = 30% energy; moderate symptoms at rest, including poor concentration; need frequent rests or naps, can independently do personal care activities, but afterwards experience severe fatigue.
- 4** = 40% energy; moderate symptoms at rest, including some difficulty concentrating; need frequent rests throughout the day; can independently do personal care activities and some limited daily chores (e.g. light cleaning, laundry); can walk a few minutes per day.
- 5** = 50% energy; mild symptoms at rest with fairly good concentration; need rest in the morning and in the afternoon; can independently do personal care activities and some moderate daily chores, but afterwards experience mild fatigue; can walk ten to twenty minutes per day.
- 6** = 60% energy; mild or no symptoms with fairly good concentration; need rest in the afternoon; can do most daily chores, except vacuuming; can walk twenty to thirty minutes per day; can volunteer a maximum of four hours per week, with flexible hours.
- 7** = 70% energy; mild or no symptoms at rest with good concentration; can do more intense daily chores (e.g. grocery shopping, vacuuming), but afterwards experience severe fatigue; can walk thirty minutes per day; can work part-time, less than twenty-five hours per week; no or limited social life.
- 8** = 80% energy; mild and intermittent symptoms with good concentration; fully independent; work forty hours per week; enjoy a social life; can exercise moderately three times per week.
- 9** = 90% energy; no symptoms with good concentration; full work and social life; can exercise vigorously three to five times per week.
- 10** = 100% energy; no symptoms, excellent concentration; overachiever (may at times need less sleep than the average person).