

**Worksheet 3.1c
Alternative activity diary**

Use the activity log below to keep a record of your activities throughout the day. In the symptoms rating column, rate the severity of your most significant symptoms (e.g. pain, fatigue, where 0 = none, 10 = severe). In comments make a note of anything else you notice – e.g. what thoughts were you having?

Day _____ **Date:** _____

Time	Activity	Symptoms rating (0 = none, 10 = severe)	Comments