

Patient information

Daily Activity Diary

Name _____

Date/Time	Activity (This includes washing, dressing, reading, watching TV, chores, using a computer or phone, baking etc)	High, medium or low Level activity H= high, M=medium L=Low

Date/Time	Activity (This includes washing, dressing, reading, watching TV, chores, using a computer or phone, baking etc)	High, medium or low Level activity H= high, M=medium L=Low

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