

# About Your Activity Diary

Staying active is critical to your recovery!

## Instructions for using your activity diary

1. You and your doctor have written in goals for the week for walking or other activity and exercises. Now list some things you want to do at home, under “Other Activities.”
2. Schedule a time each day for each activity.
3. Each day, check off the exercises you do. Write down how many times you do each activity and the total number of minutes you spend in the activity each day. Write down the other activities.
4. Use the “Notes” section to jot down anything you learned from keeping your diary and anything you want to discuss with your doctor.
5. Bring your completed activity diary to your next visit to discuss your progress with your doctor.

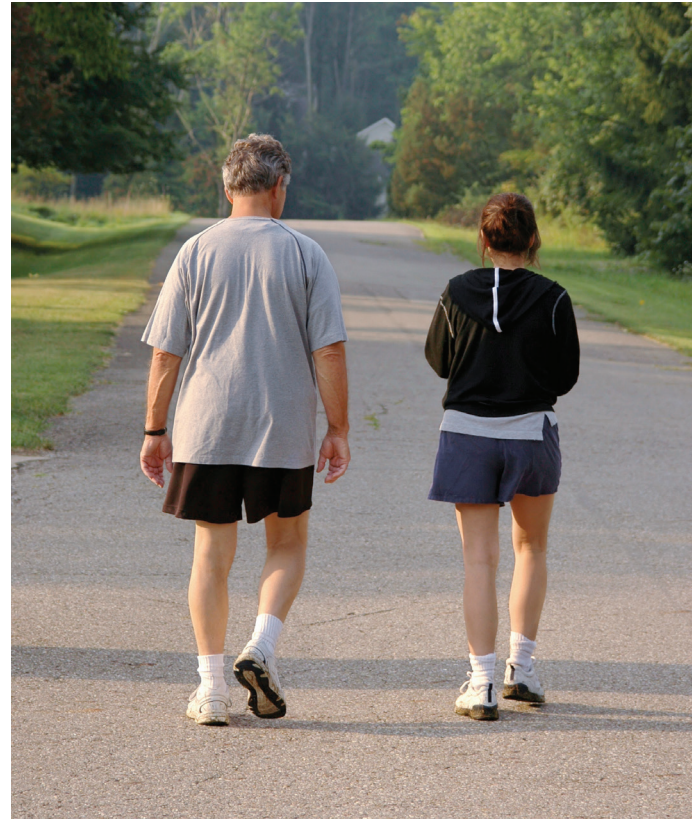
## Tips for success

- Set goals that are specific and that you are confident you can achieve.
- Include activities that you enjoy and find meaningful.
- Get up and go to bed at the same time each day, and avoid napping. This will improve your sleep and you’ll feel better.

## Remember:

Movement fosters better healing and actually shortens the time that the tissues hurt.

- Even modest activity helps your recovery.
- Do a little more each day than you did the day before.
- Most problems with joints and muscles get better within a few days or weeks, just like a cold or flu.
- Increased pain with activity is usually normal and does not mean the activity is physically harmful.
- Regular aerobic exercise of any kind is very helpful, for example walking, swimming, stationary bicycling, or treadmill.
- Avoid prolonged sitting, lying down, or leaning in one position. Variety speeds recovery.
- You and your body do the real healing — the doctor doesn’t cure your injury.



# Patient's Activity Diary

Name \_\_\_\_\_

Week  1 \_\_\_/\_\_\_/\_\_\_  2 \_\_\_/\_\_\_/\_\_\_  3 \_\_\_/\_\_\_/\_\_\_  4 \_\_\_/\_\_\_/\_\_\_

Claim # \_\_\_\_\_

Provider/Patient Discussion	Planned Activity <input type="checkbox"/> Walk <input type="checkbox"/> Swim <input type="checkbox"/> Other: _____ <input type="checkbox"/> Stationary Bike _____	Specific Exercises <small>(from exercise sheet)</small> <input type="checkbox"/> Back <input type="checkbox"/> Arm <input type="checkbox"/> Other: _____ <input type="checkbox"/> Neck <input type="checkbox"/> Leg _____	Other Activities <i>Include routine daily tasks.</i>
Day 1	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 2	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 3	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 4	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 5	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 6	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Day 7	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ times/day _____ total mins  <b>Completed:</b> _____ times/day _____ total mins	<b>Goal:</b> _____ _____  <b>Completed:</b> _____ _____
Notes			

Bring this completed activity diary with you to your next appointment.