

Self Monitoring Log

FOR THE WEEK OF	

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.

NOTE:



Self Monitoring Log

FOR THE WEEK OF:_____

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
8:30AM	© Sleep Read emails, computer time Pain 4/10	Stayed in bed late Pain 8/10	Sleep Medical appointment Pain 7/10	Sleep Read emails Pain 6/10	Sleep Reading Pain 4/10	Forgot to complete this entry (skipped)	Sleep Late Breakfast Pain 4/10
1:30Pm	Cleaned kitchen Pain 7/10	Skipped lunch TV, reading Pain 8/10	Grocery shopping Pain 8/10	Lunch out with friend Pain 4/10	Skipped lunch Gardening Pain 7/10	Yoga Pain 5/10	Walk Housecleaning Pain 7/10
9:30Pm	Takeout dinner Watched TV Pain 7/10	Unloaded dishwasher Pain 9/10	Takeout dinner TV Pain 9/10	Went for Walk TV Pain 5/10	Long Phone call Did some stretches Pain 6/10	Movie night Pain 6/10	Watch TV Pain 7/10

NOTE:

My goal for this week is to track my pain levels and daily activities

I think my pain symptoms might be related to sleep, so I will pay special attention to this

Stretching Exercises

Hamstring Stretch



- Sitting with one leg extended, ankle flexed
- Lean forward at hip (keep neutral spine)

Hip Stretch



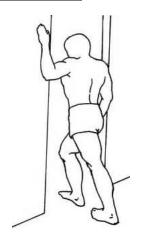
- Sitting position, cross one ankle across your knee
- Sit up tall
- To increase stretch, lean forward slightly at hips

Back Stretch



- Sitting position
- Interlace fingers and reach forward

Chest Stretch



- Rest forearm on wall
- Step forward keeping neutral spine

Increasing Activity Tolerance

Tolerance is the amount of time you can do an activity <u>until</u> you experience a noticeable increase in pain/fatigue symptoms OR when you begin to notice precursor symptoms.

To calculate your current activity tolerance plan, follow these steps:

Step 1

Choose an activity

Complete the activity at least 3 times. Take a break when you experience a **noticeable** increase in pain (i.e., 1 to 2 point increase on a 10 point scale) OR when you begin to notice precursor symptoms. Make note of how much time it took before your symptoms increased.

Calculate the average time of the three trials to find your 'tolerance' for the activity

Activity: _______

Trial 1: _______

Trial 2: ______

Trial 3: ______

Estimated Tolerance (Average of 3 trials): ______

Step 2

Follow a schedule to slowly increase activity level over time. Add 10% of baseline every 3 times you complete the activity.

When will you increase the activity? ______