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| **Day of the week:** |
| **Mobility Activity** | **Times of day or how long it took** | **Aids or appliances used** | **Details: how easy was the activity; how long did it take; did you have any problems or pain; how did you end up feeling?** |
| **Going out**Did you need prompting?Did you need someone to go with or take you?Were you unable to go anywhere at all? |  |  |  |
| **Moving around**How far did you walk in one attempt?How many times or how often did you need to stop and rest?Did you need to use a walking stick/frame or wheelchair? |  |  |  |
|  | **Anything else: for example, was this one of your better days, an average day or a worse than usual day.** |

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| **Day of the week:** |  |
| **Activity**  | **Times of day or How long** | **Any aid or appliance** | **Details: how easy was the activity; how long did it take; did you have any problems or pains; how did you end up feeling?** |
| **Preparing food** |  |  |  |
| **Eating and drinking** | **Breakfast** |  |  |
| **Lunch** |
| **Dinner/tea** |
| **Managing treatments** |  |  |  |
| **Washing and bathing** |  |  |  |
| **Managing toilet needs** |  |  |  |
| **communicating** |  |  |  |
| **Reading** |  |  |  |
| **Mixing with other people** |  |  |  |
| **Making decisions about money** |  |  |  |
| **Anything else: for example, was the one of your better days, an average day or worse than usual day.** |