

ENERGY CONSERVATION ACTIVITY PACING

HOMEWORK

Mélanie Racine, Ph.D., C.Psych.

Warren Nielson, Ph.D., C.Psych.

Mark P. Jensen, Ph.D.

ENERGY CONSERVATION SESSION 1

INTRODUCTION TO THE CONCEPT OF PACING: HOMEWORK

ACTIVITY PACING DIARY WEEK 1: _____(date)

Monday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Tuesday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Wednesday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Thursday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Friday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Saturday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 1: _____(date)

Sunday	Type of activity	Warning signs of over or under activity	Type of pre-planned rest	Additional type of resting	Overall ¹
Morning					
6:00					My fatigue level is: ____ My pain level is: ____
7:00					
8:00					
9:00					
10:00					
Lunch					
11:00					My fatigue level is: ____ My pain level is: ____
12:00					
1:00					
2:00					
Afternoon					
3:00					My fatigue level is: ____ My pain level is: ____
4:00					
5:00					
6:00					
Evening					
7:00					My fatigue level is: ____ My pain level is: ____
8:00					
9:00					
10:00					
11:00					
12:00					

¹ **Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 2

PLANNING AND MANAGING PRIORITIES: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 2: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 2: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 3

RETHINKING HOW TO PACE: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 3: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 3: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 3: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARYACTIVITY-PACING DIARY WEEK 3: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 3: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 3: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 3: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 4

ADDRESSING PACING CHALLENGES - HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

- 1.** Identify the activities that you think you **must do** during the next week?
- 2.** Identify the activities that you would **like to do** during the next week?
- 3.** Please rank the two columns on how important these activities are to you (where 1 = your top priority).
- 4.** Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 4: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 4: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 5

MODIFYING TASKS: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 5: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 5: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 6

SIMPLYFING AND REASSESSING ACTIVITIES: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 6: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 6: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 7

USING PROPER BODY MECHANICS: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 7: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 7: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 7: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 7: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 7: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARYACTIVITY-PACING DIARY WEEK 7: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 7: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 8

REVISING GOALS AND STANDARDS: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 8: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 8: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 9: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 9: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 9

MANAGING WORK, EXERCISE AND ENERGY CHANGES:

HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 10: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 10: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 11: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____ My pain level is: ____
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 11: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ENERGY CONSERVATION SESSION 10

MAINTAINING ACTIVITY PACING SKILLS: HOMEWORK

MUST DO AND WANT TO DO

Instructions: Take 5-10 minutes to complete the two following lists.

1. Identify the activities that you think you **must do** during the next week?
2. Identify the activities that you would **like to do** during the next week?
3. Please rank the two columns on how important these activities are to you (where 1 = your top priority).
4. Please indicate how much energy each activity will consume: high (H), medium (M), low (L)

Must do during the week	Priority (H,M,L)	Energy (H,M,L)	Want to do during the week	Priority (H,M,L)	Energy (H,M,L)

ACTIVITY PACING DIARY WEEK 12: _____(date)

Monday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Tuesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Wednesday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Thursday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Friday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Saturday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine

ACTIVITY PACING DIARY WEEK 12: _____(date)

Sunday	Pre-planned activities	Actual activities	Type of rest	Pre-planned rest	Overall ¹
Morning					
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Lunch					My pain level is: ____
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
1:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
2:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Afternoon					
3:00				<input type="checkbox"/> yes <input type="checkbox"/> No	My fatigue level is: ____
4:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
5:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
6:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
Evening					My pain level is: ____
7:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
8:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
9:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
10:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
11:00				<input type="checkbox"/> yes <input type="checkbox"/> No	
12:00				<input type="checkbox"/> yes <input type="checkbox"/> No	

¹**Pain scale:** 0 = No pain 10 = Pain as bad as I can imagine, **Fatigue scale:** 0 = No fatigue 10 = Fatigue as bad as I can imagine