

Activity Monitoring

Here's what to do:

- With your clinician, outline your activities for today (up to now), then complete the remainder at home tonight.
- Choose one other day this week and keep track of your activities.
- In each time slot, fill in what you were doing.

| | Date/Day: | | Date/Day: |
|-------|-----------|-------|-----------|
| | Activity | | Activity |
| 7 AM | | 7 AM | |
| 8 AM | | 8 AM | |
| 9 AM | | 9 AM | |
| 10 AM | | 10 AM | |
| 11 AM | | 11 AM | |
| NOON | | NOON | |
| 1 PM | | 1 PM | |
| 2 PM | | 2 PM | |
| 3 PM | | 3 PM | |
| 4 PM | | 4 PM | |
| 5 PM | | 5 PM | |
| 6 PM | | 6 PM | |
| 7 PM | | 7 PM | |
| 8 PM | | 8 PM | |
| 9 PM | | 9 PM | |
| 10 PM | | 10 PM | |
| 11 PM | | 11 PM | |
| 12+ | | 12+ | |

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