

# Post-Polio Fatigue Log

Name: \_\_\_\_\_

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Activities & Steps	Perceived Exertion	Specific Muscle Weakness	Overall Fatigue	Pain Mood Breathing	Activities that produced Symptoms & Modifications
			Rate as mild-moderate-severe			
Up	Food?:  Sleep Quality?:					Activity:  Symptom:
<b>BREAK</b>						How did you do the activity & how were you positioned?  Symptom:
Noon	Food?:					How could you modify?
<b>BREAK</b>						Activity:  Symptom:
6 pm	Food?:					How did you do the activity & how were you positioned?  How could you modify?
Bed						
Perceived Exertion Scale 6 Very, Very Light 7 Very Light 8 Very Light 9 Fairly Light 10 Fairly Light 11 Somewhat Hard 12 Somewhat Hard 13 Hard 14 Hard 15 Very Hard 16 Very Hard 17 Very, Very Hard 18 Very, Very Hard 19 20		Total Steps: _____				