

# Activity and Symptom Log

Date .....



Hours sleep	Hours rest	Activities	Symptoms				Comments
			Rate the severity of these on a scale from 1 (not very severe) to 5 (extremely severe)				
			Fatigue	Cataplexy	Brain Fog	Other (please specify)	

You might want to add symptoms such as night-time hallucinations / daytime hallucinations / micro-sleeps / automatic behaviours / disturbed sleep/ low mood, where relevant

Record here the total amount of time spent on each activity, and rate the impact of your narcolepsy on your ability to carry out those activities on a scale of 1 (mild) to 5 (severe). Use the blank lines to add any other activities.

Activity	Hours	Impact (1-5)	Comments
Housework			
Shopping			
Standing			
Driving			
Working / Attending school/university etc			
Exercise			

Finally, record the total time spent today on day-time naps ..... (hours)