

## Lesson 2

### My Current Activity Baseline

#### Instructions:

Record how you spend your time and what activities you are doing at different times. Place a mark in each row indicating your current activities throughout the day and rate the level of pain your currently experience doing those activities (0 = *no pain* to 10 = *most severe pain*).

DATE: \_\_\_\_\_

Scale 0–10: 0 = *no pain*, 10 = *most severe pain*

Time	Lie	Sit	Stand	Walk	Activity	Pain 0–10
6:30–7:00am						
7:00–7:30						
7:30–8:00						
8:00–8:30						
8:30–9:00						
9:00–9:30						
9:30–10:00						
10:00–10:30						
10:30–11:00						
11:00–11:30						
11:30–12:00						
12:00–12:30pm						
12:30–1:00						
1:00–1:30						

1:30–2:00						
2:00–2:30						
2:30–3:00						
3:00–3:30						
3:30–4:00						
4:00–4:30						
4:30–5:00						
5:00–5:30						
5:30–6:00						
6:00–6:30						
8:30–7:00						
7:00–7:30						
7:30–8:00						
8:00–8:30						
8:30–9:00						
9:00–9:30						
9:30–10:00						
10:00–10:30						
10:30–11:00						