

Health diary template: daily living and mobility

Personal Independence Payment

Full name:

National Insurance number:



Day/ date				
Primary symptoms today:		Medication(s)/ treatment(s) today:		Incidents/ accidents/ safety concerns today:
Daily living activity	Time When? How long did it take?	Support needed Did you need prompting? Were you supervised or have help from another person? Did you use aids or special equipment?	What you did and how you did it How easy was the activity? What challenges did you have? How did you adapt the activity? Did you complete it fully? Is there anything that would make it easier?	Change or impact to health How did you feel during the activity? What impact did medication or treatment have? Did your symptoms change? Could you repeat the activity today?
Preparing food	Breakfast			
	Lunch			
	Dinner			

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Eating and drinking	Breakfast			
	Lunch			
	Dinner			
Managing treatment				
Washing and bathing				
Managing toilet needs				

Full name:

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Dressing and undressing				
Communicating				
Reading				
Mixing with other people				
Making decisions about money				

Full name:

National Insurance number:



Mobile activity	Time When? How long did it take?	Support needed Did you need prompting? Were you supervised or have help from another person? Did you use aids or special equipment?	What you did and how you did it How easy was the activity? What challenges did you have? How did you adapt the activity? How long did it take? Did you complete it fully? Did you have to manage changes or disruptions?	Change or impact to health How did you feel during the activity? What impact did medication or treatment have? Did your symptoms change? Could you repeat the activity today?
Going out				
Moving around				
Any other information about the day	What kind of day was today? Bad day, typical / average, above average or good.			