

DAILY ACTIVITIES

Date:

SLEEP

NV Rating Scale <small>NV stands for Nausea and Vomiting. Draw a check mark over the number that better describes the severity of your symptoms</small> ① ② ③ ④ ⑤ 1 - Very Low 2 - Low 3 - Medium 4 - High 5 - Very high	Activity	Time/Duration	Rate NV level				
	Wake up		1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
	Nap 1	from: to:	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
	Nap 2	from: to:	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
	Nap 3	from: to:	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
	Go to bed		1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

EATING

BREAKFAST
Description: (e.g. 2 scrambled eggs, 1/2 glass of orange juice and 1 piece of toast with butter) _____ _____ _____
Who prepared this meal? (e.g. myself, friend, restaurant etc.) _____
Time: (when started to eat) Rate NV level: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>

LUNCH
Description: _____ _____ _____
Who prepared this meal? _____
Time: (when started to eat) Rate NV level: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>

DINNER
Description: _____ _____ _____
Who prepared this meal? _____
Time: (when started to eat) Rate NV level: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>

SNACKS	
Snack 1 Description:	Time:
Snack 2 Description:	Time:
Snack 3 Description:	Time: