

ESA & UC Symptom & Bad Days Diary

Track your condition the way Work Capability decisions are made - every tick maps to a test decision makers must apply.

ACTIVITY	STRUGGLED	UNSAFE	COULD NOT DO
Preparing food	☒	☐	☐
Washing and bathing	☒	☒	☐
Moving around	☒	☒	☒

A full month per pack - four weeks, weekly summaries and a monthly summary.
Two minutes each evening. Evidence for your form, assessment and review.



Evidence, not just notes

ESA and the UC health element are not decided on your diagnosis. The Work Capability Assessment looks at how your condition affects 17 activities on the MAJORITY of days - more than half the time an activity arises. A diary kept day by day is contemporaneous evidence: it shows your real pattern instead of what you happen to remember when the WCA50 form or the assessment arrives.

Every tick column maps to a question the assessor and decision maker must weigh:

SAFELY

Without danger or incidents - burns, falls, leaving the gas on, choking.

ACCEPTABLE STANDARD

Done properly, not half-done, abandoned or needing to be redone.

REPEATEDLY

Able to do it again when it is normally needed - not once, then exhausted.

REASONABLE TIME

No more than about twice as long as someone without your condition.

If you cannot do an activity reliably in all four ways on most days, the PIP rules say you should be treated as unable to do it at all. That is why the columns matter more than a general "bad day" note.

How to fill it in - 2 minutes each evening

- 1 Tick what actually happened today for each activity. Leave blank what does not apply.
- 2 Record the WORST moment of the day, not the average. Assessors ask about worst and typical days.
- 3 Be specific in the notes: what you could not do, who helped, how long it took, what went wrong.
- 4 Be honest - never exaggerate, never downplay. "I managed" often hides "it took an hour and was not safe".
- 5 Fill in the weekly summary. Four or more bad days means bad days ARE your typical days for the WCA.

KEEPING THIS DIARY BEFORE A REASSESSMENT?

Reassessments run the same 17-activity test again. A diary kept between assessments shows your ups and downs are the same condition behaving as it always has - so a good spell is never mistaken for recovery.

Week 1 - Day 1

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 2

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 3

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 4

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 5

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 6

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 - Day 7

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
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Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 1 summary

Count your bad days:

DAY 1 ☐	DAY 2 ☐	DAY 3 ☐	DAY 4 ☐	DAY 5 ☐	DAY 6 ☐	DAY 7 ☐
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4 or more bad days = more than half the week. For the WCA, that makes bad days your TYPICAL days - describe them as such on your WCA50 and at your assessment.

THE WORST INCIDENT THIS WEEK - DATE IT, THIS IS YOUR STRONGEST EVIDENCE

ANYTHING I COULD NOT DO AT ALL THIS WEEK

HELP I NEEDED BUT DID NOT GET

APPOINTMENTS, LETTERS OR CHANGES - GP, HOSPITAL, DWP, JOBCENTRE

ACTIVITIES THAT TOOK ME MUCH LONGER THAN THEY SHOULD

Week 2 - Day 1

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
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Learning tasks	☐	☐	☐	☐	☐
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Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 2

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
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Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 3

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
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Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 4

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
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Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 5

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
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Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 6

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
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Bowel or bladder control	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 - Day 7

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
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Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 2 summary

Count your bad days:

DAY 1 ☐	DAY 2 ☐	DAY 3 ☐	DAY 4 ☐	DAY 5 ☐	DAY 6 ☐	DAY 7 ☐
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4 or more bad days = more than half the week. For the WCA, that makes bad days your TYPICAL days - describe them as such on your WCA50 and at your assessment.

THE WORST INCIDENT THIS WEEK - DATE IT, THIS IS YOUR STRONGEST EVIDENCE

ANYTHING I COULD NOT DO AT ALL THIS WEEK

HELP I NEEDED BUT DID NOT GET

APPOINTMENTS, LETTERS OR CHANGES - GP, HOSPITAL, DWP, JOBCENTRE

ACTIVITIES THAT TOOK ME MUCH LONGER THAN THEY SHOULD

Week 3 - Day 1

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 2

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 3

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 4

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 5

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 6

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 - Day 7

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 3 summary

Count your bad days:

DAY 1 ☐	DAY 2 ☐	DAY 3 ☐	DAY 4 ☐	DAY 5 ☐	DAY 6 ☐	DAY 7 ☐
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4 or more bad days = more than half the week. For the WCA, that makes bad days your TYPICAL days - describe them as such on your WCA50 and at your assessment.

THE WORST INCIDENT THIS WEEK - DATE IT, THIS IS YOUR STRONGEST EVIDENCE

ANYTHING I COULD NOT DO AT ALL THIS WEEK

HELP I NEEDED BUT DID NOT GET

APPOINTMENTS, LETTERS OR CHANGES - GP, HOSPITAL, DWP, JOBCENTRE

ACTIVITIES THAT TOOK ME MUCH LONGER THAN THEY SHOULD

Week 4 - Day 1

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 2

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
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Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 3

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 4

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
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Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 5

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 6

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
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Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 - Day 7

Date: _____

☐ Good day

☐ Bad day

☐ Very bad day

ACTIVITY	STRUGGLED	TOOK MUCH LONGER	NEEDED HELP OR PROMPTING	UNSAFE / INCIDENT	COULD NOT DO IT
Moving around (mobilising)	☐	☐	☐	☐	☐
Standing and sitting	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Picking up and moving objects	☐	☐	☐	☐	☐
Manual dexterity (hands)	☐	☐	☐	☐	☐
Making yourself understood	☐	☐	☐	☐	☐
Understanding other people	☐	☐	☐	☐	☐
Getting around safely (vision)	☐	☐	☐	☐	☐
Bowel or bladder control	☐	☐	☐	☐	☐
Staying conscious when awake	☐	☐	☐	☐	☐
Learning tasks	☐	☐	☐	☐	☐
Awareness of everyday hazards	☐	☐	☐	☐	☐
Starting and finishing tasks	☐	☐	☐	☐	☐
Coping with change	☐	☐	☐	☐	☐
Getting about (going out)	☐	☐	☐	☐	☐
Coping with social engagement	☐	☐	☐	☐	☐
Behaviour with other people	☐	☐	☐	☐	☐

WORST MOMENT TODAY - WHAT HAPPENED, HOW LONG, WHO HELPED

HELP I NEEDED BUT DID NOT GET

MEDICATION SIDE EFFECTS - DROWSINESS, FOG, NAUSEA, DIZZINESS

ANYTHING ELSE ABOUT TODAY - SLEEP, PAIN LEVELS, PLANS I HAD TO CANCEL

Week 4 summary

Count your bad days:

DAY 1 ☐	DAY 2 ☐	DAY 3 ☐	DAY 4 ☐	DAY 5 ☐	DAY 6 ☐	DAY 7 ☐
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4 or more bad days = more than half the week. For the WCA, that makes bad days your TYPICAL days - describe them as such on your WCA50 and at your assessment.

THE WORST INCIDENT THIS WEEK - DATE IT, THIS IS YOUR STRONGEST EVIDENCE

ANYTHING I COULD NOT DO AT ALL THIS WEEK

HELP I NEEDED BUT DID NOT GET

APPOINTMENTS, LETTERS OR CHANGES - GP, HOSPITAL, DWP, JOBCENTRE

ACTIVITIES THAT TOOK ME MUCH LONGER THAN THEY SHOULD

Monthly summary

Bad days per week (copy from your weekly summaries):

WEEK 1

____ / 7

WEEK 2

____ / 7

WEEK 3

____ / 7

WEEK 4

____ / 7

Total bad days this month: _____ / 28

15 or more bad days = more than half the month. For the WCA, that makes bad days your TYPICAL days - describe them as such on your form, at your assessment and at any reassessment.

THE THREE WORST INCIDENTS THIS MONTH - WITH DATES

ACTIVITIES MOST AFFECTED THIS MONTH

ANY LONGER-TERM CHANGE THIS MONTH? DAY-TO-DAY UPS AND DOWNS ARE NOT A CHANGE

APPOINTMENTS, LETTERS AND EVIDENCE GATHERED THIS MONTH

Using your diary

On your WCA50 (ESA or Universal Credit)

Do not copy the diary in - mine it. Real, dated examples ("On Tuesday I could not stand long enough to cook and went without a hot meal") beat general statements every time. Match each example to the activity it belongs to.

At your assessment

Take the diary with you, or have it beside you on the phone. When the assessor asks "how often" or "tell me about a typical day", read from your week - concrete days and incidents are hard to dismiss, and they stop you underselling a bad week you happen not to remember.

At an award review

Keep the diary running in the months before a review is due. Reviews ask about longer-term change - your diary proves your day-to-day pattern is the same condition behaving as it always has, not an improvement. If something HAS genuinely changed longer-term, the diary shows roughly when.

Keep it safe

Keep completed weeks together in one place, in order. Print a fresh month whenever you need one. If someone helps care for you, ask them to add what they saw in the notes - what a carer witnesses counts too.

MY KEY DATES - FORM DEADLINE, ASSESSMENT, DECISION, REVIEW DUE

Turn your diary into form-ready answers

Your diary gathers the evidence. ESAexpert turns it into the wording
decision makers score against - for all 17 WCA activities.

Try one activity free: esaexpert.co.uk/?start=free

Filling in the WCA50? www.esaexpert.co.uk

ESAexpert provides guidance only, not legal or medical advice, and is not affiliated with the Department for Work
and Pensions. Describe only your genuine difficulties. Karol Slusarczyk t/a Benefits Expert - ICO registration
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