My Daily Tracker

Activities	□ appointments □ cooking □ driving □ exercise □ hobbies □ housework □ going out to eat/movies □ making phone calls □ paying bills □ pet care □ reading/studying □ running errands □ school □ shopping □ using the computer □ volunteering □ watching TV □ work socializing: □ in-person □ online □ on the phone □ other:
Symptoms	□ anxiety □ brain fog □ depression □ dizziness □ exercise intolerance □ fatigue □ flare-up □ headache □ irritable bladder □ irritable bowel □ migraine □ morning stiffness □ numbness/tingling □ muscle spasms □ muscle weakness □ widespread pain sensitivity to: □ light □ smells □ sound □ medication □ food □ other:
Stressors	□ daily hassles □ emotional factors □ family □ finances/money □ inactivity □ life changes □ medication side-effects □ overexertion □ relationships □ tension/conflict □ work □ weather changes □ other:
Sleep	hours of sleep last night: _____ □ daytime sleepiness □ insomnia □ problems waking up □ poor sleep quality □ trouble falling asleep □ trouble staying asleep □ unrefreshed sleep □ waking up early □ other:
Rest	minutes of rest today: _____
Ratings	**My energy level today**: _____ (0= no energy, 10= energy of a normal person) **My symptom level today**: pain: _____ fatigue: _____ other: _____ (0=none, 1-3=mild, 4-6=moderate, 7-9=severe, 10=worst ever) **My activity level today**: _____ (0=no activity, 10=high activity)

