

Activity Log

Day	Hours Sleep	Hours Rest	Activities and Events	Symptoms & Severity				Comments	Rating
				Pain	Fatig	Fog	Other		
Mon									
Tue									
Wed									
Thr									
Fri									
Sat									
Sun									

		Envelope Log			
		Energy Level	Activity Level	Symptom Level	Comments
MON	AM				
	PM				
	EVE				
TUE	AM				
	PM				
	EVE				
WED	AM				
	PM				
	EVE				
THR	AM				
	PM				
	EVE				
FRI	AM				
	PM				
	EVE				
SAT	AM				
	PM				
	EVE				
SUN	AM				
	PM				
	EVE				
Scale: 1 = no energy, no activity or no symptoms 10 = energy of healthy person, high activity level or worst symptoms imaginable					

Energy Envelope

Illness

CFS/FM Rating

Other Chronic

Acute

Activity

Hours/Day

Good/Bad Times

Housework

Shopping

Standing

Driving

Exercise

Mental per day

Mental per session

Social: in person

Social: phone

Sleep & Rest

Nighttime Sleep

Daytime Rests

Feelings & Moods

Emotions

Sensitivity

Stressors

Finances

People

Sensitivities: Food/
Noise/Weather

Summary

Vulnerabilities

Goals

CFS/Fibromyalgia Rating Scale

- 100 Fully recovered. Normal activity level with no symptoms.
- 90 Normal activity level with mild symptoms at times.
- 80 Near normal activity level with some symptoms
- 70 Able to work full time but with difficulty. Mostly mild symptoms.
- 60 Able to do about 6-7 hours of work a day. Mostly mild to moderate symptoms.
- 50 Able to do about 4-5 hours a day of work or similar activity at home. Daily rests required. Symptoms mostly moderate.
- 40 Able to leave house every day. Moderate symptoms on average. Able to do 3-4 hours a day of work or activity like housework, shopping, using computer.
- 30 Able to leave house several times a week. Moderate to severe symptoms much of the time. Able to do about 2 hours a day of work at home or activity like housework, shopping, using computer.
- 20 Able to leave house once or twice a week. Moderate to severe symptoms. Able to concentrate for 1 hour or less per day.
- 10 Mostly bedridden. Severe symptoms.
- 0 Bedridden constantly. Unable to care for self.

My Target

What _____

How Much _____

When _____

How Often _____

Confidence Level _____

(0 = no confidence; 10=totally confident)

Results

Date Comments

1

2

3

4

5

Lessons

What I Learned _____

My Weekly Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Daily Schedule

Morning Routines

Afternoon Routines

Evening Routines

Bedtime Routines

Relapse Worksheet

Relapse Triggers

Relapse Warning Signs

Responses to Warning Signs

How to Avoid Relapses

Special Event Worksheet

Event _____

Actions Before

Actions During

Actions After
