Fibromyalgia symptom diary

One line per calendar day, good days included. Fill it in the same evening, not from memory at the end of the week.

NAME _____ MONTH / YEAR _____ NEXT APPOINTMENT _____

Pain and **fatigue** 0 to 10, where 0 is none · **Woke rested**: Y or N · **Tick**: fog (trouble thinking or remembering), morning stiffness, flare day (your own call) · **Main areas**: where it hurt most, a few words · **Nothing to note**: a dash in the first empty column.

DAY	PAIN TYPICAL	PAIN WORST	FA-TIGUE	WOKE RESTED	FOG	STIFF-NESS	FLARE	MAIN AREAS	MEDICATION OR CHANGE	WHAT HAPPENED (SLEEP, ACTIVITY, STRESS, WEATHER)
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Month summary for the appointment

Fill this page in at the end of the month. It is what you start the conversation with; page 1 sits behind it as the record.

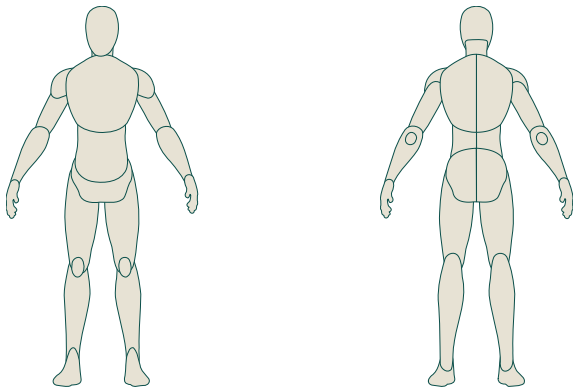
1 Count the days

Calendar days, from page 1

DAYS WITH AN ENTRY	FLARE DAYS	DAYS WORST PAIN WAS 7 OR HIGHER
MORNINGS YOU DID NOT WAKE RESTED	**DAYS FOG GOT IN THE WAY**	**DAYS YOU COULD NOT DO YOUR USUAL THINGS**

2 Where it hurt this month

Shade every area, circle the worst



FRONT BACK

Mark beside an area if it **moved** during the month (M) or was there **almost every day** (E).

3 What came before the flares

An observation, not a cause

- ☐ Poor sleep
- ☐ Weather change
- ☐ Travel or a long day out
- ☐ Doing too much the day before
- ☐ Illness or infection
- ☐ Medication change
- ☐ Stress
- ☐ Menstrual cycle
- ☐ Nothing obvious

4 Medications and treatments

Even if nothing changed

MEDICATION OR TREATMENT	DOSE	SINCE WHEN	WHAT CHANGED

5 What it stopped me doing

6 My questions