

FibroFighter Weekly Calendar

Progress isn't a guess, it's a record

This calendar will help you to chart your weekly progress in your FibroFight.

Pain: Circle the number that best describes that days overall feeling with 1 being the best and 10 being the worst.

Fatigue: Circle the number that best describes that days overall feeling with 1 being the best and 10 being the worst.

Diet: For tracking your daily food and drink intake, please circle the one that gives the most average picture of how you ate.

Exercise: Keep track of any exercise you were able to do each day.

Rest: Write down anything you did to rest your body during the day.

Strenuous Activity: Write down anything that you don't normally do on a daily basis that could affect your health. This could be a stressful situation, additional physical activity that doesn't fall under the "Exercise" category or something that was emotionally demanding.

Feel free to keep any additional notes to the right of each day.

FIBRO360

Community of Education, Support, and Understanding for People With Fibromyalgia

SUNDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
MONDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
TUESDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
WEDNESDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
THURSDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
FRIDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes:
SATURDAY	Pain: 1 2 3 4 5 6 7 8 9 10 Fatigue: 1 2 3 4 5 6 7 8 9 10 Diet: Excellent Average Poor Exercise: _____ Rest: _____ Strenuous activity: _____	Notes: