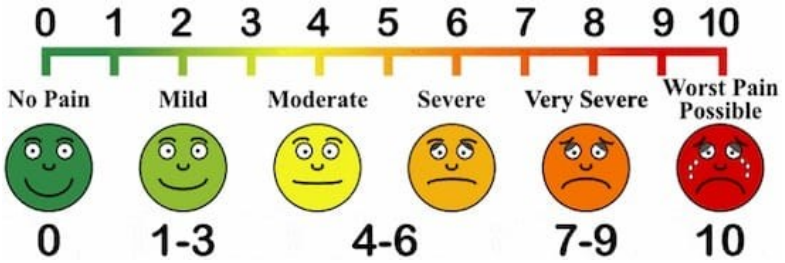
DAILY FIBROMYALGIA TRACKER

DATE : _____

Fibro Ramblings

0-10 SCALE OF PAIN SEVERITY

Severity		Description of Experience
10	Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9	Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8	Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7	Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6	Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5	Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4	Moderate	I am constantly aware of my pain but I can continue most activities.
3	Uncomfortable	My pain bothers me but I can ignore it most of the time.
2	Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1	Minimal	My pain is hardly noticeable.
0	No Pain	I have no pain.



	MORNING	NOON	EVENING
PAIN SCORE			
DURATION			
TRIGGER			
FLARE			
FIBRO FOG			
FATIGUE			

SLEEP HISTORY

HOURS OF SLEEP _____

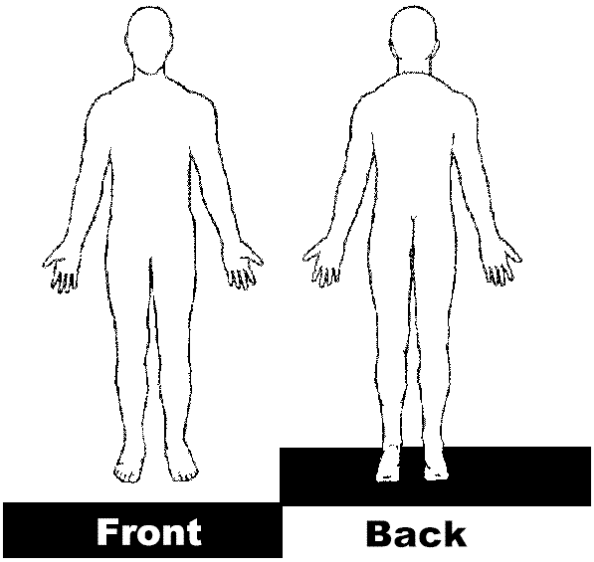
TIME TO FALL ASLEEP _____

SLEEPING AID USED _____

TIMES SLEEP INTERRUPTED _____

SLEEP QUALITY 1-5, 5 IS BEST _____

INDICATE AREAS OF PAIN ACCORDING TO PAIN SCALE COLOURS



UNUSUAL SYMPTOMS	STARTED / STOPPED

OVERALL MOOD

VERY DEPRESSED DEPRESSED NEUTRAL HAPPY VERY HAPPY

STRESS

VERY CALM CALM NEUTRAL STRESS HIGH STRESS

Fibro Ramblings

MEDICATION:

NAME	DOSAGE	WORKS?	SIDE EFFECTS	STOPPED/STARTED

TREATMENTS FOR TODAY:

TREATMENT	EFFECTIVE

DOCTORS APPOINTMENT: _____

OUTCOME: _____

TEST RESULTS: _____

OTHER: _____

_____

_____