

YOUR WEEKLY CFS TRACKING JOURNAL

MONDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical    
depleted • low • moderate • high

Your overall stress level:

Mental    
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual    
poor • coping • fine • happy

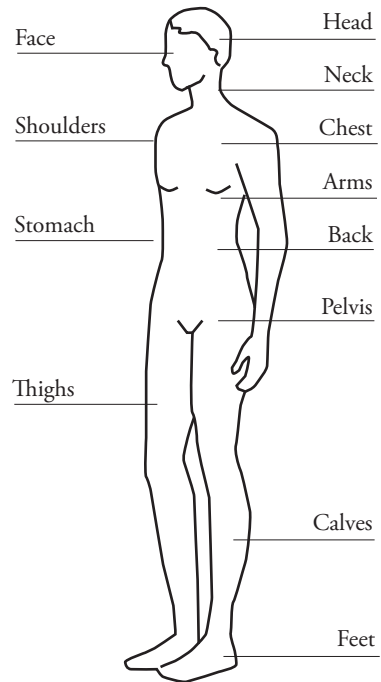
How was your sleep?

What was your first thought this morning?

What are your intentions for today?

What are you grateful for today?

Which part of your body feels weak this morning, and where do you feel any symptoms? Let's mark it here:



Your overall pain level:

1 2 3 4 5 6 7 8 9 10

YOUR WEEKLY CFS TRACKING JOURNAL

**MONDAY EVENING**

Date: \_\_\_\_\_




**How are you feeling this evening?**



**What did you do today?**

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

**What did you eat/drink today?**

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

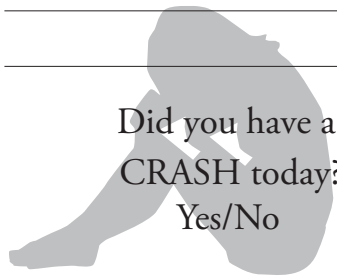
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a  
**CRASH** today?  
Yes/No

**Your overall pain level:**



YOUR WEEKLY CFS TRACKING JOURNAL

TUESDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical     depleted • low • moderate • high

Your overall stress level:

Mental     severe • intense • tolerable • mild

Your overall well-being level:

Spiritual     poor • coping • fine • happy

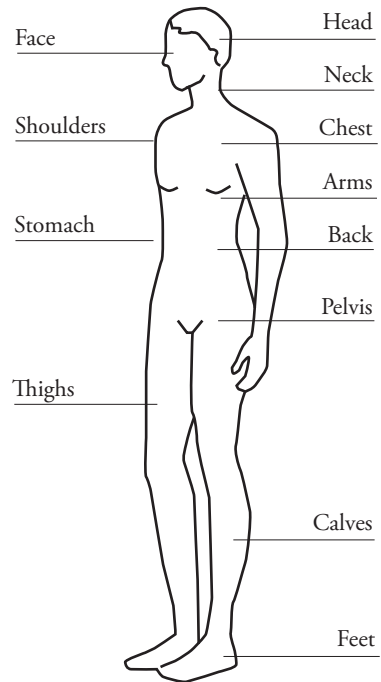
How was your sleep? \_\_\_\_\_

What was your first thought this morning? \_\_\_\_\_

What are your intentions for today? \_\_\_\_\_

What are you grateful for today? \_\_\_\_\_

Which part of your body feels weak this morning, and where do you feel any symptoms? Let's mark it here:



Your overall pain level:

1 2 3 4 5 6 7 8 9 10



YOUR WEEKLY CFS TRACKING JOURNAL

TUESDAY EVENING

Date: \_\_\_\_\_




How are you feeling this evening?



What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

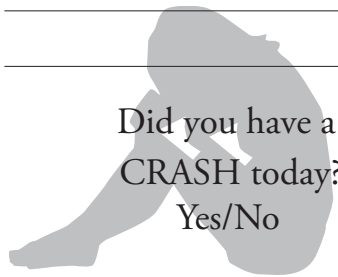
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a  
CRASH today?  
Yes/No

Your overall pain level:



YOUR WEEKLY CFS TRACKING JOURNAL

WEDNESDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical    
depleted • low • moderate • high

Your overall stress level:

Mental    
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual    
poor • coping • fine • happy

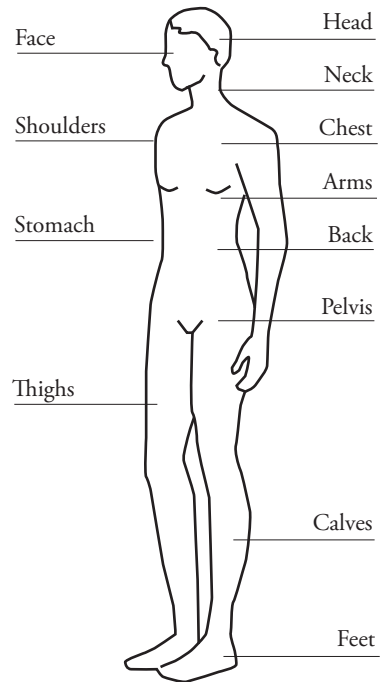
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Your overall pain level:

1 2 3 4 5 6 7 8 9 10



YOUR WEEKLY CFS TRACKING JOURNAL

WEDNESDAY EVENING

Date: \_\_\_\_\_




How are you feeling this evening?



What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

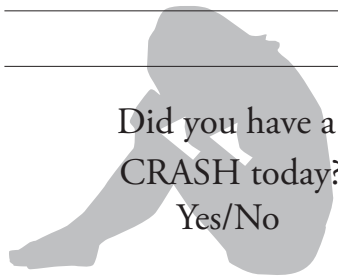
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a  
CRASH today?  
Yes/No

Your overall pain level:



YOUR WEEKLY CFS TRACKING JOURNAL

THURSDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical    
depleted • low • moderate • high

Your overall stress level:

Mental    
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual    
poor • coping • fine • happy

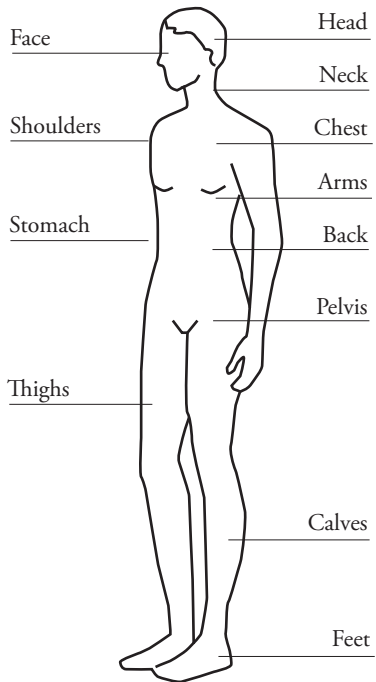
How was your sleep?

What was your first thought this morning?

What are your intentions for today?

What are you grateful for today?

Which part of your body feels weak this morning, and where do you feel any symptoms? Let's mark it here:



Your overall pain level:

1 2 3 4 5 6 7 8 9 10

YOUR WEEKLY CFS TRACKING JOURNAL

# THURSDAY EVENING

Date: \_\_\_\_\_




## How are you feeling this evening?



### What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

### What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

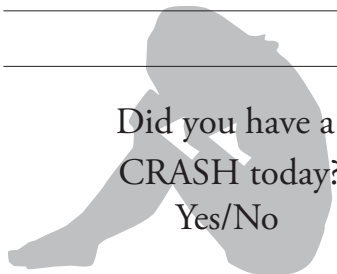
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a  
CRASH today?  
Yes/No

### Your overall pain level:

1 2 3 4 5 6 7 8 9 10





YOUR WEEKLY CFS TRACKING JOURNAL

FRIDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical    
depleted • low • moderate • high

Your overall stress level:

Mental    
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual    
poor • coping • fine • happy

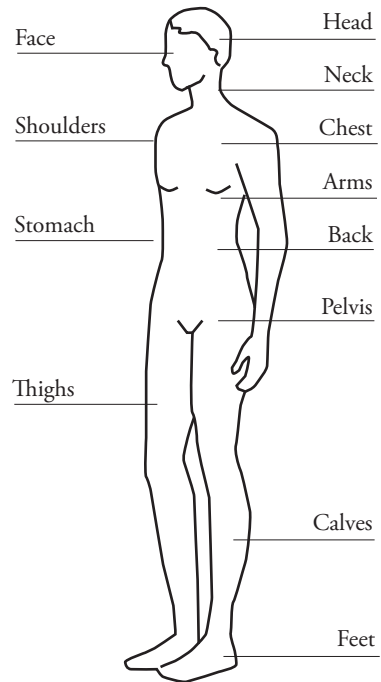
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Your overall pain level:

1 2 3 4 5 6 7 8 9 10

YOUR WEEKLY CFS TRACKING JOURNAL

FRIDAY EVENING

Date: \_\_\_\_\_




How are you feeling this evening?



What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

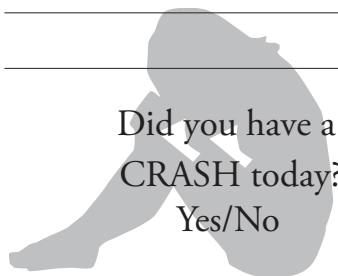
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a  
CRASH today?  
Yes/No

Your overall pain level:



YOUR WEEKLY CFS TRACKING JOURNAL

SATURDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical      
depleted • low • moderate • high

Your overall stress level:

Mental      
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual      
poor • coping • fine • happy

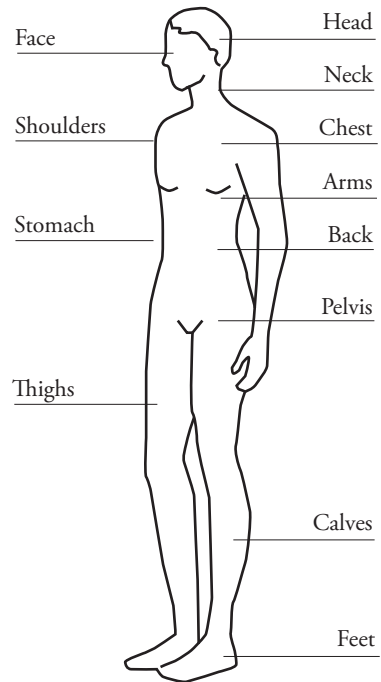
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YOUR WEEKLY CFS TRACKING JOURNAL

SATURDAY EVENING

Date: \_\_\_\_\_




How are you feeling this evening?



What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
- Other \_\_\_\_\_  
How did it affect you?

What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

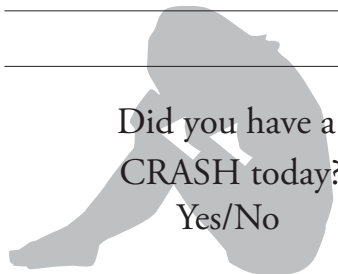
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Did you have a  
CRASH today?  
Yes/No

Your overall pain level:



YOUR WEEKLY CFS TRACKING JOURNAL

SUNDAY MORNING

Date: \_\_\_\_\_

How are you feeling this morning?



Your overall energy level:

Physical    
depleted • low • moderate • high

Your overall stress level:

Mental    
severe • intense • tolerable • mild

Your overall well-being level:

Spiritual    
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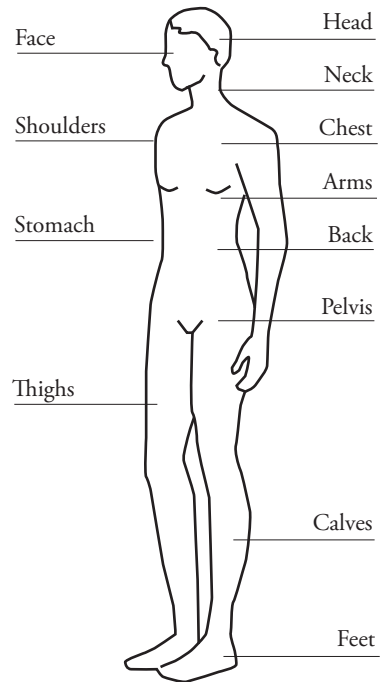
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YOUR WEEKLY CFS TRACKING JOURNAL

SUNDAY EVENING

Date: \_\_\_\_\_




How are you feeling this evening?



What did you do today?

- Exercise \_\_\_\_\_  
How was your workout?
- Work \_\_\_\_\_  
Could you stay on top?
- Cleaning \_\_\_\_\_  
Could you get through?
- Remedies \_\_\_\_\_  
Was it helpful?
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How did it affect you?

What did you eat/drink today?

- Breakfast \_\_\_\_\_
  - Lunch \_\_\_\_\_
  - Snacks \_\_\_\_\_
  - Dinner \_\_\_\_\_
-  x \_\_\_\_\_  x \_\_\_\_\_  x \_\_\_\_\_

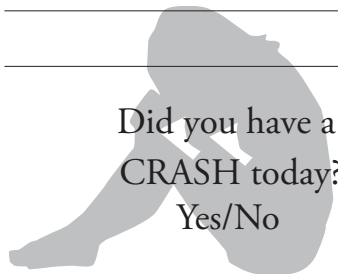
Evaluate how you feel after this day, and what is different from this morning:

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Did you have a CRASH today?  
Yes/No

Your overall pain level:

