

Fibromyalgia

PAIN JOURNAL



SLEEP: _____ to _____



TOTAL HOURS: _____



SLEEP QUALITY: _____ /10

NOTES

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OVERALL PAIN

MILD 0 1 2 3 4 5 6 7 8 9 10 SEVERE

CIRCLE YOUR PAIN LEVEL

PAIN TRACKER

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Stabbing | <input type="checkbox"/> Ache | <input type="checkbox"/> Cramping |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Tingling | <input type="checkbox"/> Tenderness |
| <input type="checkbox"/> Coldness | <input type="checkbox"/> Heavy | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Tightness | <input type="checkbox"/> Sharp |
| <input type="checkbox"/> Other: _____ | | |

AFFECTED AREAS



FRONT



RIGHT SIDE



BACK



LEFT SIDE

LOCATION / TYPE / DETAILS	INTENSITY
.....	/10
.....	
.....	
.....	

SYMPTOM TRACKER

	MORNING	MIDDAY	EVENING	NIGHT
FATIGUE (1-10)				
FIBRO / BRAIN FOG (1-10)				
SLEEP QUALITY (1-10)				
MOOD (1-10)				

TRIGGERS TODAY

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GRATEFUL FOR

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BE KIND TO YOURSELF. YOU'RE DOING THE BEST YOU CAN.