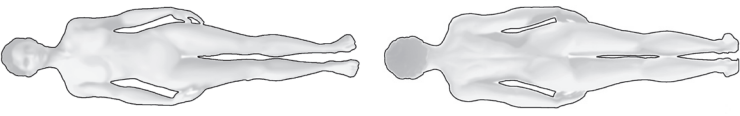


Appendix B: Daily FMS Diary

Appendix B Daily FMS Diary

	1	2	3	4	5	6	7	8	9	10
Where does it hurt? Mark with "X" 										
General Health Good Fair Poor (Circle One)										
RATE YOUR SLEEP # Hrs. # Interruptions # Naps yesterday	_____ _____ _____									
RATE YOUR SYMPTOMS PAIN FATIGUE BOWEL FUNCTION	Tolerable Not bad Constipated Achy Tired Normal Awful Exhausted Diarrhea									
RATE YOUR STATE OF MIND ANXIETY DEPRESSION CONFUSION	Calm Happy Clear Mind A little tense A little blue Fuzzy Stressed Hopeless Fibro/fog									
RATE YOUR FUNCTIONAL ABILITY WALKING READING	Good to go ok T block only Hard to focus Can barely stand Total blur									
RATE CONTRIBUTING FACTORS TEMPERATURE HUMIDITY SKY SMOG POLLEN COUNT SITUATIONAL STRESS	Cold Dry Gloomy Clear Low All is well Mild Humid Cloudy Light Smog Normal A Bit Tense Hot Rain/Snow Sunny High Alert High Total Chaos									
DATE a.m./p.m.										