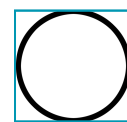


# CHRONIC FATIGUE CLINIC ACTIVITY DIARY

DATE: _____	MIDNIGHT TO MIDDAY (MORNING)												MIDDAY TO MIDNIGHT (AFTERNOON/EVENING)											
	12AM	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
MONDAY																								
TUESDAY																								
WEDNESDAY																								
THURSDAY																								
FRIDAY																								
SATURDAY																								
SUNDAY																								

Fill each hour box with the corresponding shape or symbol to match your activity level for that hour:



High energy activity (physically, emotionally, or mentally draining)



Rest



Post-exertional malaise/symptom exacerbation/ extreme fatigue (crash)



Low or medium energy activity (less draining activities)



Sleep

