

**Fibromyalgia Recovery Program
Daily Chart**

Day: M T W Th F S S

Date: _____

Sleep: Bedtime _____ Awake time _____ Total Hrs. Sleep _____

How many times did I get up in the night? _____

How many naps today? _____ Total Hrs. Napping _____

Morning Probiotics _____

Evening Probiotics _____

Morning Supplements _____

Evening Supplements _____

Morning Meds _____

Evening Meds _____

Meals 000

Snacks 000

Water 00000000

Walking 0

Weights 0

Aerobic Activity 0

Stretching 0

Food Intake: Weight AM _____

Weight PM _____

Breakfast _____

Morning Snack _____

Lunch _____

Afternoon Snack _____

Dinner _____

Evening Snack _____

Today's Conditions and Symptoms:

- Ears/Eyes/Nose** _____
- Mouth/Throat** _____
- Head/Neck/Back** _____
- Shoulders/Arms/Hands** _____
- Chest/Heart** _____
- Respiratory System** _____
- Digestive System** _____
- Hips/Legs/Feet** _____
- Male/Female Organs** _____
- Skin** _____
- Mood** _____
- Other** _____

In general, today I felt Wonderful/Good/Fair/Poor