

Appendix A: Fatigue Diary

DAY OF THE WEEK		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Sleep quality—previous night*								
Sleep duration								
Energy assessment*	7 a.m.							
	10 a.m.							
	1 p.m.							
	4 p.m.							
	7 p.m.							
	10 p.m.							
Meals—time and quality†	Breakfast							
	Lunch							
	Dinner							
	Snacks							
Water intake—time/amount								
Physical activity*	9 a.m.							
	12 noon							
	3 p.m.							
	6 p.m.							
	9 p.m.							
Stress level*	7 a.m.							
	10 a.m.							
	1 p.m.							
	4 p.m.							
	7 p.m.							
	10 p.m.							
Notes to self:								
Things I suspect made fatigue better								
Things I suspect made fatigue worse								

*Rate the quality on a scale from 1 to 10, with 1 being low (as in poor sleep, low energy, low physical activity, high stress) and 10 being high (excellent sleep, high energy, lots of physical activity, low stress).

†Rate your food choices as poor, fair, good, or excellent in terms of nutritional quality.

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