

Charts and Tools

Adapted Karnofsky Energy Rating Scale

Sleep Chart (2 pages, chart and instructions)

Activity Log

Functional Capacity Scale (p.2 of activity log)

Daily Diet Diary

Activity and Symptoms Chart

Sleep Chart Adapted for Mood

Karnofsky Energy Rating Scale adapted for use in ME/CFS

From Bell,D.S. (1995) *The Doctor's Guide to Chronic Fatigue Syndrome*, Boston, MA.
Further adapted by Dr. Ellie Stein

100% Totally well; no concerns about fatigue. You can think clearly and do several things at once. You can exercise to your maximum potential without any problems.

90% Energy good but you feel fatigued after hard exercise.

80% You feel well with respect to your energy but must monitor your energy through the day. Your thinking is good but not quite clear. Tasks are easy and you can still do multiple tasks at once. You are fatigued after moderate exercise. Full time work is possible for most.

70% Your overall energy is OK but everything you do is much more difficult and your energy is easily shifted. Your thought processes are much slower and more difficult and memory is poor. Exercise tolerance is poor and any strenuous exercise will make you feel unwell while light activity is tolerable. You can achieve a full day (8 hours) of tasks, but it requires a high degree of effort. You are too tired to do anything additional such as socializing. Full time work is possible only if you do not have to do **any** household tasks, errands or childcare. Part time work is possible for most.

60% You are able to complete 1/2 day of tasks and feel tired during it. Your thinking and memory are poor. You must rest at some point in the day. Even with rest, there is no part of the day in which you feel normal with respect to energy or can think clearly. Part time work is possible only if hours are flexible to coincide with your energy peaks and you do not have to do **any** household tasks, errands or childcare.

50% Your energy only allows you to do about 3 tasks per day (2-3 hours of activity). Your energy is easily drained. Thought processes are difficult. Your exercise tolerance is poor; walking up stairs is difficult.

40% You can only perform 2 light tasks per day. Physical exercise is not tolerable. Your thought processes are very slow and your memory is poor.

30% You can only perform one light task per day, any extra physical movement makes you feel unwell. You have difficulty reading and writing.

20% You are unable to perform any daily tasks; even going to the bathroom is tiring. The most physical exertion you can manage is to sit in a chair for short periods. Emotions are very unstable and fluctuate without warning.

10% You are in bed for most of the day and you have zero tolerance for anything extra. You are frequently too exhausted to even eat.

Use of the Sleep Chart

The sleep chart can be adapted to individual needs. The column headings can be changed to include the most important symptoms for you. The graph at the bottom can be narrowed to the range usually experienced.

Evening Charting - the first 5 columns are filled out each evening before bed rating the day that just passed and recording bed time medication if any.

- **Energy is rated from 0 - 100%** using the Karnofsky Rating scale adapted for use in ME/CFS.
- **Pain is rated from 0 - 10** with 0/10 being an absence of pain and 10/10 being unbearable "call 911 now" pain.
- **Activities/Other factors** - Is a place to record events that happened during the day which may impact energy, pain, sleep etc. This would include time spent in activity such as errands, yard work, cleaning, walking or other exercise, the occurrence of illness or migraine, environmental exposure or psychological stress. Some people use the back of the page to record these events in more detail
- **Bed Time Meds** - List all medications and supplements that you take before bed, especially list any that you are changing the dose or timing of to see if it helps or impairs your sleep.

Morning Charting - The last 6 columns to the right of the bolded line are completed upon rising. They refer to the night that just passed.

- **Initiate minutes** - Estimate the number of minutes it took you to fall asleep
- **Depth** - Rated from 1 - 5 - where 1/5 is barely asleep and 5/5 is deep, uninterrupted, unaware, refreshing sleep
- **Aware** - Note the things you were aware of when you were supposed to be asleep

P - Pain	M - Movement	D - Dreams	S - Sounds
T - Temperature	1/2 - feeling 1/2 awake and 1/2 asleep		

- **Wake #/min** - Estimate the number of times you woke up and the number of minutes you were awake during the night. e.g. if you woke 3 times for 1/2 hour each time you would put 3/90
- **Deep/Light** - Estimate the number of hours of deep sleep and the number of hours of light sleep, e.g. 2/6
- **Refreshment** - Morning refreshment is rated on a scale

H - Horrible	G - Good
P - Poor	VG - Very good
F - Fair	E - Excellent

Graph - At the end of the charting period plot all numerical variables on the graph below. You may convert a 1-10 pain scale to percentages if you wish. You may add pedometer steps or exercise durations to the columns. By adding up arrows for improved energy through the day or down arrows for decreased energy through the day you can judge if your energy expenditure is appropriate.

Activity Log

Name: _____

Date: _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
No. of Hrs. Sleep 1:00 am – 8:00 am							
Sleep Quality	1 = very poor 2 = poor 3 = fair 4 = good 5 = very good						
Functional Capacity Scale at beginning of day							
0 – 10 (see reverse)							
Activities (please specify)							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
12:00 am							
1:00 am							
No. of Mins. Walked / Day							
No. of Usable Hours / Day							
Functional Capacity Scale at end of day							
0 – 10 (see reverse)							

YOUR ACTIVITY LOG:

- Keep it in a handy place.
- Complete it every day.
- Take your completed logs to your doctor/other health care provider at follow-up visits.
- Your logs assist your doctor/other health care provider to adjust your treatment plan as needed.
- Completed logs may reassure your insurance company of your active ongoing participation in your treatment.

COMPLETING YOUR ACTIVITY LOG:

- You may change the times on the left hand side of the log to suit your usual schedule (e.g. if you usually get up at 10:00 am and go to bed at 2:00 am, write 10:00 am in as the first time, and adjust the other times accordingly).
- Please note your activities with one or two word(s) in the appropriate time slots (e.g. dressed, made bed, nap).

FUNCTIONAL CAPACITY SCALE:

- The Functional Capacity Scale incorporates energy rating, symptom severity, and activity level. The description after each scale number should help you to rate your functional capacity at the beginning and end of each day.
 - 0 = No energy, severe symptoms including very poor concentration; bed ridden all day; cannot do self-care (e.g. need bed bath to be given).
 - 1 = 10% energy, severe symptoms at rest, including very poor concentration; in bed most of the day; need assistance with self-care activities (e.g. tub bath).
 - 2 = 20% energy, severe symptoms at rest, including poor concentration; frequent rests or naps; need some assistance with limited self-care activities.
 - 3 = 30% energy, moderate symptoms at rest, including poor concentration; need frequent rests or naps; can do independent self-care but have severe post exertion fatigue.
 - 4 = 40% energy, moderate symptoms at rest, including some difficulty concentrating; need frequent rests throughout the day; can do independent self-care and limited activities of daily living (e.g. light housework, laundry); can walk for a few minutes per day.
 - 5 = 50% energy, mild symptoms at rest with fairly good concentration; need a.m. and p.m. rest; can do independent self-care and moderate activities of daily living, but have slight post exertion fatigue; can walk 10 – 20 minutes per day.
 - 6 = 60% energy, mild or no symptoms at rest with fairly good concentration; need afternoon rest; can do most activities of daily living except vacuuming; can walk 20 – 30 minutes per day; can do volunteer work — maximum total time 4 hours per week, with flexible hours.
 - 7 = 70% energy, mild or no symptom at rest with good concentration; can do more intense activities of daily living (e.g. grocery shopping, vacuuming) but may get post exertion fatigue if 'overdo'; can walk 30 minutes per day; can work limited hours, less than 25 hours per week; no or minimal social life.
 - 8 = 80% energy, mild intermittent symptoms with good concentration; can do full self-care, work 40 hours per week, enjoy a social life, do moderate vigorous exercise three times per week.
 - 9 = 90% energy, no symptoms with very good concentration, full work and social life; can do vigorous exercise three to five times a week.
 - 10 = 100% energy, no symptoms, excellent concentration, over achiever (sometimes may require less sleep than average person).

NUMBER OF USABLE HOURS / DAY = Number of hours NOT asleep or resting/meditating with eyes closed

