



*Living a Full Life with Fibro
60 Day Action Plan*

In preparation for a visit to your physician, take the time to complete the *60 Day Action Plan* for fibromyalgia, which can provide you and your physician with a better understanding of your symptoms. Recording your experiences will help you identify symptom triggers and better manage fibromyalgia. As you complete this action plan, also take advantage of the other online tools available at www.osteopathic.org/fibro.

Week 1: Understanding Your Symptoms

1. What normal activities, if any, have you had difficulty with lately? Circle all that apply.

- | | | | |
|-------------------------|----------------------|-------------|---------------------|
| Sleep through the night | Exercise | Work | Browse the Internet |
| Play with your children | Go out to dinner | Watch TV | Talk on the phone |
| Walk the dog | Visit friends/family | Read | Cook dinner |
| Do housework | Do yard work | Drive a car | Climb stairs |

2. Has your daily lifestyle changed over the last few months? If yes, describe how.

3. List any medications – including over-the-counter, prescription and alternative therapies (herbal, etc.) – that you regularly take.

4. Are you experiencing any of the following on a regular basis? Circle all that apply.

- | | | | |
|----------------------|---------------------|---------------------|---------------------|
| Loss of interest | Anxiety | Sadness | Difficulty sleeping |
| Headaches | Stomach aches | No appetite | Morning stiffness |
| Dizziness | Constipation | Depression | Nausea |
| Nervousness | Chest pain | Blurred vision | Fever |
| Diarrhea | Dry mouth | Itching | Wheezing |
| Hives/welts | ringing in the ears | Vomiting | Heartburn |
| Loss/change in taste | Dry eyes | Shortness of breath | Loss of appetite |
| Rash | Sun sensitivity | Difficulty hearing | Easy bruising |
| Hair loss | Frequent urination | Bladder spasms | Insomnia |
| Oral ulcers | Numbness/tingling | Irritable bowels | |

List any additional symptoms you are experiencing.

5. Are you experiencing pain anywhere in your body?

Yes. No.

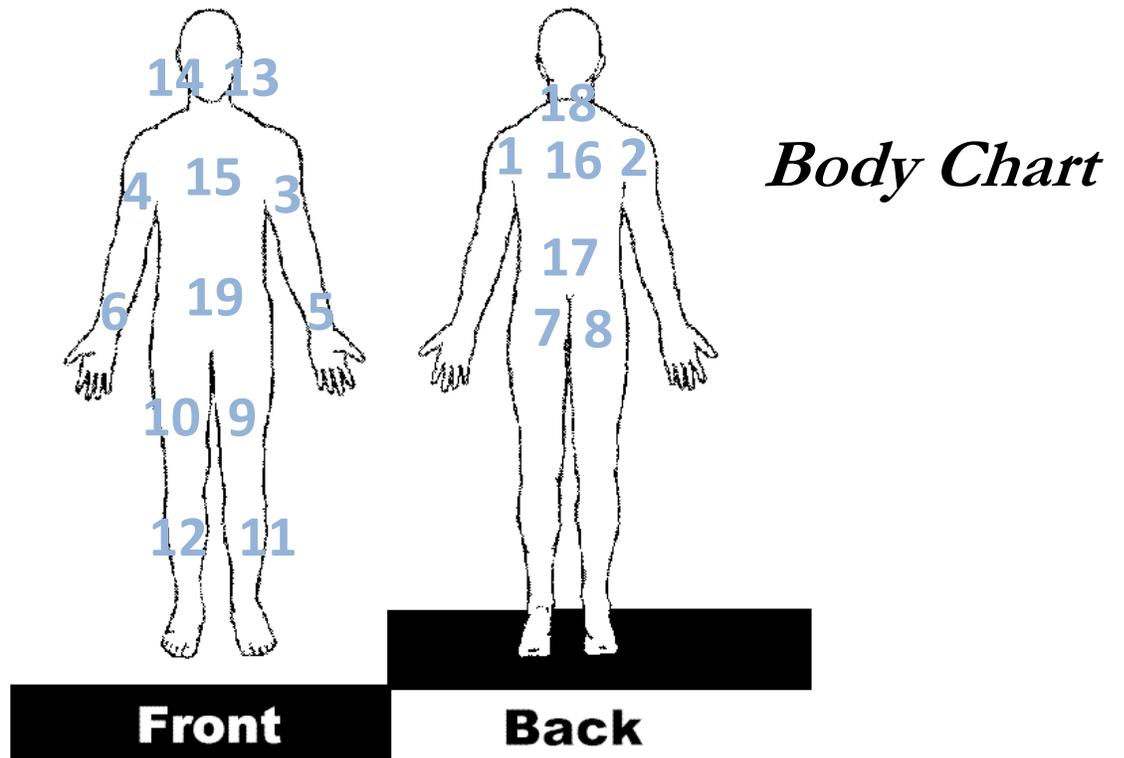
6. If yes, use the Pain Scale to rate the severity of your pain. Place an X on the step that best describes your pain.

10 (worst pain ever)	
9	
8	
7	
6	
5	
4	
3	
2	
1	
0 (no pain)	

Pain Scale

Week 1

7. Circle the areas of the body where you have felt pain over the past week.



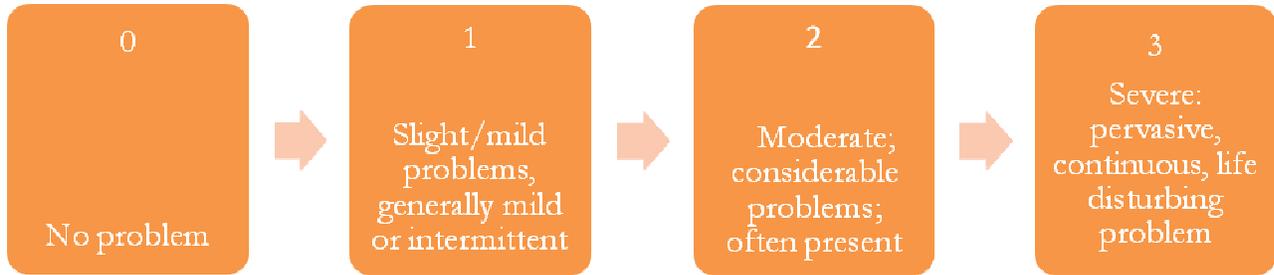
- | | | | |
|---------------------------|-------------------------|----------------|----------------|
| 1. Shoulder girdle, left | 7. Hip (buttock), left | 13. Jaw, left | 16. Upper back |
| 2. Shoulder girdle, right | 8. Hip (buttock), right | 14. Jaw, right | 17. Lower back |
| 3. Upper arm, left | 9. Upper leg, left | 15. Chest | 18. Neck |
| 4. Upper arm, right | 10. Upper leg, right | | 19. Abdomen |
| 5. Lower arm, left | 11. Lower leg, left | | |
| 6. Lower arm, right | 12. Lower leg, right | | |

8. Circle the words that best describe your pain.

- | | | | |
|--------|----------|-------------|-----------|
| Aching | Sharp | Penetrating | Throbbing |
| Tender | Nagging | Shooting | Burning |
| Numb | Stabbing | Pinching | Gnawing |

Use the Severity Scale to answer questions 10, 12 and 14.

Severity Scale



9. Are you fatigued?

Yes. No.

10. If yes, rate the severity of your fatigue.

0 1 2 3

11. Do you feel refreshed when you wake up in the morning?

Yes. No.

12. If you do not wake up feeling refreshed, rate the severity.

0 1 2 3

13. Are you experiencing any cognitive symptoms, such as difficulty remembering or concentrating?

Yes. No.

14. If yes, rate the severity of your cognitive symptoms.

0 1 2 3

Week 2: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
1						
2						
3						
4						
5						
6						
7						

Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 3: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
1						
2						
3						
4						
5						
6						
7						

Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 4: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
1						
2						
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7						

Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 5: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
1						
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7						

Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 6: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
1						
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4						
5						
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7						

Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 7: Tracking Your Symptoms

Use the chart below to track your symptoms throughout the week and keep notes on any changes to your lifestyle or medications and therapy.

Day	Pain Areas (#1 -#19)	Pain Severity (1 – no pain to 10 – worst pain ever)	Fatigue Severity (0 – no problem to 3 – severe)	Waking Unrefreshed Severity (0 – no problem to 3 – severe)	Cognitive Symptoms Severity (0 – no problem to 3 – severe)	Notes
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Averages: At the end of the week, calculate the average severity of your pain, fatigue, waking unrefreshed and cognitive symptoms by adding the numbers in each column and dividing that number by 7.

Average Pain Severity ____

Average Waking Unrefreshed Severity ____

Average Fatigue Severity ____

Average Cognitive Symptoms Severity ____

Week 8: Reflection

Reflect on the symptoms you recorded during weeks 2-7.

1. Where has your pain been most prominent over the past weeks?

2. Did the severity of your pain change?

3. Did the severity of your fatigue, waking unrefreshed and cognitive symptoms change?

4. Have any changes in your daily routine or medications/therapy affected your symptoms or their severity?

5. What are the top three questions you would like to discuss with your physician?
