Date/Day:				
Activities (& time):				
(e.g., walk, GP visit, phone call,				
study, shower, made lunch, work,).				
E.g. – phone call to mum, 20 mins				
Measures: (if available)				
Number of steps				
Waking Heart Rate				
Heart Rate Variability				
Average Resting Heart Rate				
Highest Heart Rate				
Hours of Sleep				
Deep Sleep (time or %)				
Symptoms (0 = none, 5 = a lot)				
Fatigue				
Muscle Weakness				
Unrefreshing Sleep				
Brain fog/cognitive dysfunction				
Sweating or hot/cold intolerance				
Orthostatic Intolerance				
Flu like symptoms (Sore throat,				
fever, Chills, Muscle ache) Gastrointestinal (nausea, IBS)				
Sensory Hypersensitivity Low mood/anxiety				
Other				
Overall energy use (0 - 100%)				
% of how much of your battery you've				
used at the day's end				
Hours of Upright Activity (approx.)				
PEM/Crash (yes or no)				

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