

FATIGUE DIARY



1 = Can do **most** normal activities



2 = Can do **less than** normal activities



3 = Can do **some** normal activities



4 = Can **hardly** do any activities



5 = Can **not** do any activities

WEEK COMMENCING

HOW DID YOU FEEL TODAY? GIVE A NUMBER 1-5 IN THE BOXES BELOW

	MORNING	AFTERNOON	EVENING	HOW DID FATIGUE AFFECT YOU TODAY?
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



TREATMENT RECEIVED THIS WEEK

BLOOD COUNTS

HAEMOGLOBIN g/dl	WHITE BLOOD CELLS	PLATELETS	BLOOD TRANSFUSION