

FND Weekly Symptom & Activity Diary

How to use: Record brief notes each hour. Rate symptoms from 1–10, where 1 = little/no difficulty and 10 = very severe. Use the activity/load columns to record what you were doing, including physical, cognitive, emotional and sensory demands. The aim is to spot patterns, including symptoms that may appear later the same day or 24–48 hours after a demanding period.

Important: This diary is a pattern-tracking tool, not a way to prove that an activity caused a symptom. Symptoms can fluctuate for many reasons. New, severe or concerning symptoms should be discussed with an appropriate healthcare professional.

Weekly overview

Week commencing		Things I must do this week			Things I would like to do		
Appointments / commitments					Rest / recovery time planned		

Suggested scales: Mood 1–10 (1 very low/difficult, 10 very good); Mobility, fatigue, headache, speech, muscle spasms and cognitive symptoms: 1 = little/no difficulty, 10 = very severe. If a symptom does not apply, leave it blank. Use the notes field for anything unusual.

Monday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
15:00													
16:00													
17:00													
18:00													
19:00													
20:00													
21:00													
22:00													
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Tuesday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Wednesday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Thursday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Friday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Saturday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Sunday

At each hour, note the main activity/environment and any significant physical, cognitive or sensory load. If symptoms change later, record that in the relevant hour rather than trying to remember at the end of the day.

[illegible]

Time	Activity / what I was doing	Physical / movement load	Cognitive / concentration load	Sensory / noise load	Rest / relaxation	Mood 1–10	Mobility 1–10	Fatigue 1–10	Headach e 1–10	Speech 1–10	Spasms 1–10	Cognitive symptoms 1–10	Symptoms / notes
23:00													

End-of-day reflection: What seemed to increase my overall load today? What helped? Was there anything demanding in the previous 24–48 hours that may be relevant? What would I change tomorrow?

Weekly Pattern Review & Planning

Use this page at the end of the week. Look for repeated patterns rather than assuming that one activity caused one symptom. Consider the previous 24–48 hours when symptoms increased.

What activities seemed to have the biggest overall impact?	
Were noise, crowds, screens, travel or other sensory demands relevant?	
Did symptoms sometimes increase later or the following day?	
What types of rest or relaxing activities seemed helpful?	
What combinations of activities were difficult when close together?	
What could I spread out next week?	
What must I do next week, and where can I put recovery time around it?	
What enjoyable activities do I want to protect time for?	

Next week's plan

Day	High-impact / must-do activity	Rest or lower-impact activity afterwards	Other notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			