

This is not a sunshine book.

This journal is deliberately not a happy sunshine unicorn book. There are no affirmations on these pages, no gratitude prompts you are obliged to answer, and no rainbow waiting at the end of the month. You do not have to find the silver lining, reframe the flare, or be brave about any of it.

You are allowed to be furious at your body. You are allowed to dislike your illness, resent your treatment, and be sick of being patient. You are allowed to have days on which you think things you would never say to your doctor, your family or your friends. Dark thoughts are not a character flaw. Quite often they are simply the honest record of a hard day.

Write them down if it helps. Not because it will make them go away, and not because it will make you feel better, although sometimes it does. A record is more useful when it is true, and things that stay unsaid tend to get heavier. Leaving them unwritten is fine too.

At the end of every month you will find a Truth Page. It is for the things you do not want to talk about, even though talking about them would probably help. Nobody has to read it. You decide if, when and with whom it is ever shared.

IF IT GETS DARKER THAN ANGRY

If your thoughts turn to ending your life or hurting yourself, this is no longer something to write down and carry alone. Please tell someone today: a doctor, a therapist, a person you trust, or a crisis line. The lines below offer support; call charges may vary.

COUNTRY	CRISIS LINE	EMERGENCY
GERMANY	TelefonSeelsorge 0800 111 0 111 · 0800 111 0 222 · 116 123	112
AUSTRIA	Telefonseelsorge 142	112
SWITZERLAND	Die Dargebotene Hand 143	144
UNITED KINGDOM	Samaritans 116 123	999
IRELAND	Samaritans 116 123	112 / 999
USA	988 Suicide & Crisis Lifeline: call or text 988	911
CANADA	9-8-8 Suicide Crisis Helpline: call or text 9-8-8	911
AUSTRALIA	Lifeline 13 11 14	000
NEW ZEALAND	1737: call or text 1737	111

Elsewhere: findahelpline.com lists free crisis lines for most countries.

Fine is not a diagnosis. Neither is cheerful.



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AT THE BACK

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Each month: opening page, daily spreads, snapshot, therapy progress, month at a glance, review, Truth Page.



Nobody can hand you the number.

Your number is yours. It is a picture of your days, not a measurement. There is no correct count, no test and no way for anyone else to calibrate it for you. It is allowed to change, and it is allowed to be zero.

The idea of counting energy in spoons comes from Christine Miserandino, who used it in 2003 to explain life with chronic illness to a friend (butyoudontlooksick.com). Here it is only a way of noticing what a day costs.

1 Notice what a day costs.

Write down what you usually do, from washing your hair to answering messages. Give each thing a rough price: 1 for small, 2 for demanding, 3 for the ones that flatten you. Use another number, or a range such as 2–3, if that fits better. Example: a shower 2, replying to messages 1, cooking a meal 3. Your prices, nobody else's. The worksheet on the next page is for this.

2 Pick a starting number, or none.

If a number helps, choose one that feels roughly right and see how it holds up. If it does not help, skip it and only record what the day cost. Neither way is the better one.

3 Let it move.

Your number can change with a flare, with sleep, with weather, with life. A lower day is information, not a failure. On a good day you do not have to spend what is left out of guilt.

A USEFUL RULE

*If the number does not match your day,
change the number. Not yourself.*

ON THE DAILY PAGE

Start = the number you begin the day with. Spent = what the day cost. Left = what remained. Example: start 8, spent 6, left 2. If you do not use a number, leave all three blank.

ON RUNNING OUT

Some people talk about running out of spoons, or borrowing against tomorrow, or going negative. These are pictures, not rules. They mean that today cost more than you had, and that you may feel it later. There is no score to beat.



Before this month begins



Journal days 1 to 31 · 31 entries · chart columns 1 to 31

WHAT I MOST WANT TO UNDERSTAND THIS MONTH

ONE THING I WANT TO PROTECT MY ENERGY FOR

APPOINTMENTS / THERAPY COMING UP

SOMETHING I WANT MY CARE TEAM TO KNOW





TODAY

MONTH 1 · ENTRY 1 OF 31

DATE _____

NO SPOONS LEFT? JUST DO THIS.

average pain

012345678910

☐ I rested

☐ I did what I needed

Circle your average pain. Tick a box only if you want. Then stop.

SLEEP LAST NIGHT

hours

quality

12345

disturbed? tick all that apply

☐ no

☐ falling asleep

☐ in the night

☐ early waking

1 poor · 5 good

FATIGUE

rough overall · 10 = worst imaginable

012345678910

brain fog · choose one

☐ none

☐ mild

☐ moderate

☐ severe

PAIN

choose one number per row · 0 none, 10 worst imaginable · blank = not recorded

average

0

1

2

3

4

5

6

7

8

9

10

worst

0

1

2

3

4

5

6

7

8

9

10

GOT IN THE WAY

how much pain got in the way of daily activities and movement? 0 not at all, 10 completely

activities

0

1

2

3

4

5

6

7

8

9

10

SPOON BALANCE

start

spent

left

example: start 8, spent 6, left 2



FLARE TODAY? CHOOSE ONE

☐ no

☐ yes

☐ recovering

☐ unsure

PAYING FOR YESTERDAY? CHOOSE ONE

☐ no

☐ yes

☐ unsure

a guess, not proof

HOURS WITH PAIN · 6 A.M. TO 6 A.M.

shade every hour that had any pain

6 am9noon3 pm69midnight36 am

hours shaded

time actually in pain, if you can tell

h

min

WHAT KIND OF PAIN? TICK ALL THAT APPLY

☐ burning

☐ stabbing

☐ aching

☐ throbbing

☐ cramping

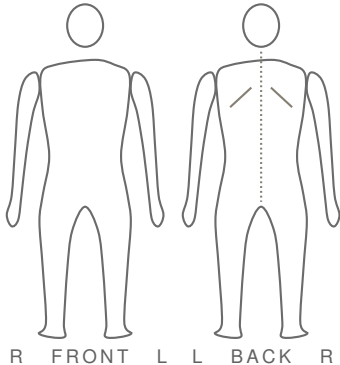
☐ pulling

☐ tingling

☐ numb

☐ other

WHERE DID IT HURT / FEEL DIFFICULT?
Mark any affected areas. Leave blank if you prefer;
write "none" if there were no symptoms.



R FRONT L L BACK R
medication, therapy, movement, effects:

POSSIBLE INFLUENCES TODAY · TICK ALL

- ☐ Weather

☐ Stress

☐ Poor sleep

☐ Overdid it

☐ Delayed effects
- ☐ Cycle

☐ Food

☐ Travel / appointments

☐ Other

MOOD TODAY

12345

1 low · 5 good

RELIEF

from anything I tried · skip if nothing

☐ none

☐ a little

☐ moderate

☐ a lot

☐ unsure

MEDICATION · TICK ALL THAT APPLY

☐ taken as planned

☐ changed

☐ side effects





TODAY, IN WORDS

MONTH 1 · ENTRY 1 OF 31

Skip any prompt. Blank is fine.

WHAT WAS HARDEST TODAY, IF ANYTHING?

WHAT HELPED, IF ANYTHING?

ANYTHING I NOTICED OR FIGURED OUT?

WHAT COST MORE ENERGY THAN IT LOOKED LIKE?

NOTE FOR MY DOCTOR / THERAPIST

