

CFS/ME Energy Envelope & PEM Tracker

Client Name: __ Date/Week: _____

Section 1: Weekly Baseline Assessment

Complete this at the start of each week to distinguish between HPA Axis vs. Mitochondrial status.

Primary Fatigue Quality (Check all that apply): - ☐ **HPA Axis Pattern:** "Wired but tired," energy improves slightly with rest, second wind at night. - ☐ **Mitochondrial Pattern:** Consistent "brain fog," exhaustion unrelated to sleep, PEM (crashes after activity).

Current "Energy Envelope" Goal: *Target: Do not exceed 60% of your perceived energy capacity.* My 100% (Pre-illness) was: _____ My current 60% (Limit) is: _____

Section 2: Daily Activity & Recovery Log

Use this table to track the relationship between activity and the "Mitochondrial Crash" (PEM).

Day	Activity Level (1-10)	Within 60% Limit?	PEM/Crash Today?	Sleep Quality	Notes (Brain Fog, Pain, HRV)
Mon		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tue		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wed		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thu		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fri		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sat		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sun		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Subjective & Objective Progress

Fatigue Severity Scale (FSS): (Rate 1-10, where 10 is most severe) _ **Brain Fog Clarity Scale:** (Rate 1-10, where 10 is perfectly clear) _ **Weekly HRV Trend (if tracking):** ☐

Improving ☐ Stable ☐ Declining

Small Wins (e.g., "Walked to mailbox without a nap"): 1. _____ 2. _____

Total Toxic Load Check-in: - ☐ Exposed to known triggers (mold, chemicals, heavy fragrance)? - ☐ Following Biotransformation support (binders, Nrf2 nutrients)?

Practitioner Observations & Next Steps

Observed Patterns: (e.g., Does a Tuesday "push" lead to a Thursday "crash"?)

Protocol Adjustments: - ☐ **Mitochondrial Support:** (CoQ10, PQQ, D-Ribose, Magnesium) _____ - ☐ **Detox Support:** (Binders, Sulforaphane) _____ - ☐ **Pacing Strategy:** _____

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