



Energy Journal



It's normal to experience lower energy levels, or fatigue, after a concussion. One way to help you deal with this fatigue is by tracking how your daily activities affect your energy usage and then planning your day in a way that optimizes the energy you have. To help you do this, we have created this energy journal. For this journal, we want you to think of your energy levels like a battery. When an activity gives you energy and makes you feel happy, it fills up your battery. When an activity makes you tired, irritable or brings on symptoms, it empties your battery. The way that activities affect you might be different than before your injury, and it varies for everyone. For example, for some people running fills up their battery, but for others, it drains their battery.

Try it out!

1. Log your daily social and physical activities on the attached worksheet. Keep track of how you felt before and after each activity by using the battery images. See below for examples of how to fill out the worksheet.
2. Try to fill this log out daily for a few weeks. This way, you will start to see a pattern of how different activities can affect your energy levels in various contexts.
3. Use your findings to make a list of go-to activities you can rely on when you feel low energy. This list will help you make a routine that optimizes your energy levels.

Activity:	Time:	Energy Level:	Comments:
Restorative Yoga (25min)	7:45 am	Before  After 	I loved this!! It helped me connect with my body and released some of the tension I was feeling.

Fill the bars as much or as little as you would like so that they represent your energy levels.

Activity:	Time:	Energy Level:	Comments:
Zoom Call with a friend (40 min)	8 pm	Before  After 	So nice to catch up, but the call gave me a headache and left me feeling so tired. Next time maybe I will just do a phone call.

- * Try a variety of activities at different times of the day to find out what works for you. Always follow the advice of your healthcare team when trying new activities.



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Date: _____

Activity:

Time:

Energy Level:

Comments:

Before



After



Before



After



Before



After



Before



After



Before



After



Before



After

