

# DAILY SYMPTOM TRACKER

DATE:

NAME:

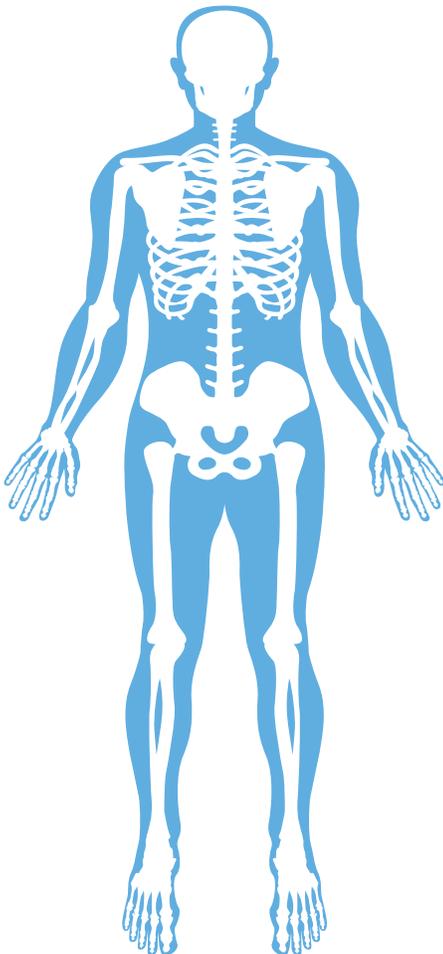
\_\_\_\_\_

\_\_\_\_\_

This is a great tool for you and your health-care provider to spot patterns and help manage your care. It is recommended you fill it out daily for at least two weeks prior to seeing your health-care provider.

## MEASURE YOUR PAIN

Circle where it hurts:



Rank your pain:

1 ↔ 5

1 = minimal pain

5 = worst pain

Morning:

Midday:

Evening:

## HOW WAS YOUR DAY?

Please rate yourself on the following scales:

Fatigue		1	2	3	4	5	
		No fatigue			Very tired		
Mood		1	2	3	4	5	
		Happy/ relaxed			Depressed/ anxious		
Stress		1	2	3	4	5	
		Low			High		
Physical activity/exercise		1	2	3	4	5	
		Physical activity			No physical activity		
Healthy eating		1	2	3	4	5	
		Healthy eating			Unhealthy eating		
Social life		1	2	3	4	5	
		Lots of interaction with family and friends			No interaction with family and friends		

## Did anything out of the ordinary happen today?

Please make a note of anything that happened outside of your usual routine, e.g., activities, medications, treatments, overall health.

---

---

---

---