**Monthly Symptom tracker Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Use any of the filled in signs and symptoms or delete them and write in words that fit your life and experience.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptom or Sign** |  | | M | T | W | Th | F | Sa | Su |  | M | T | W | Th | F | Sa | Su |  | M | T | W | Th | F | Sa | Su |  | M | T | W | Th | F | Sa | Su |
| Date→ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Appetite |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain fog |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fat tissue pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leg heaviness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Joint pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sleep time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Numbness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fluid excess |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Short of breath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle stiffness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Itching |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Swelling |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin lesions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

2. Rate each sign or symptoms on a scale of 0-10, with 10 being the worst ever and 0 being none or not ever except for sleep: list the time.

Pick one sign or symptom that is ***very important to you*** and write it in the lined space below.

Highlight the “o” that corresponds to your rating for each day.

M T W T F S S M T W T F S S M T W T F S S M T W T F S S

**10**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**9**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**8**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**7**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**6**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**5**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**4**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**3**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**2**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

**1**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**0**……..o…..o….o…….o…..o…..o…..o……….o…..o…..o…..o……o….o…….o……….o…..o…..o…..o……o…..o……o………..o….o……o……o…..o…..o…..o.

Sign or Symptom