

DAILY SYMPTOM TRACKER

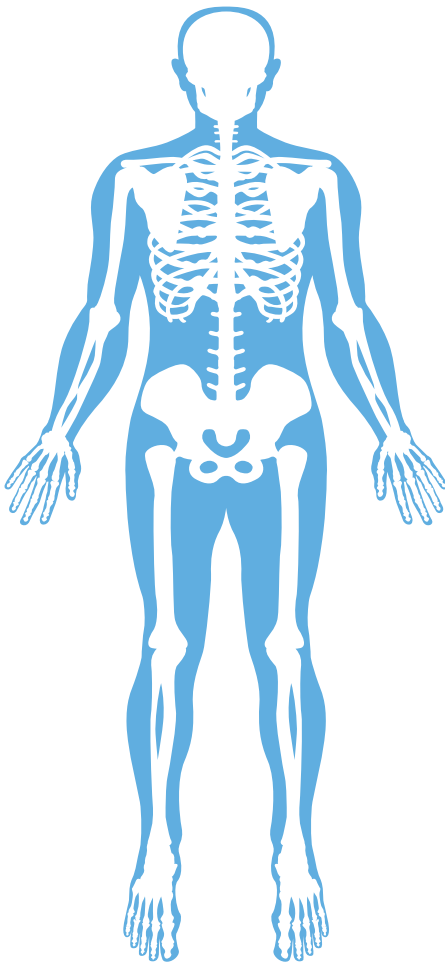
DATE:

NAME:

This is a great tool for you and your healthcare 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 healthcare 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.
