

Alpha Health Alliance

Symptom & Flare Journal

Supporting clarity, documentation, and confident advocacy.

PAGE 1 — Cover

Alpha Health Alliance

Symptom & Flare Journal

A structured tool designed to help individuals living with rare, genetic, and chronic illness track patterns, identify triggers, and communicate clearly with medical providers.

Preparation is not confrontation — it's clarity.

www.alphahealthalliance.org

PAGE 2 — How to Use This Journal

This journal is designed to help you:

- Track daily symptoms
- Identify flare patterns
- Monitor medication changes
- Prepare for medical appointments
- Support insurance or disability documentation

You do not need to complete every section daily.
Use what is helpful. Leave what is not.

Consistency over perfection.

For personal use only. This resource is not medical advice.

PAGE 3 — Personal Baseline

Understanding your “normal” helps identify when something changes.

Primary Diagnoses:

Typical Daily Symptom Level (0–10): _____

My Baseline Symptoms:

Common Triggers I Already Know:

Rescue Medications or Emergency Plan:

Provider Name & Contact:

PAGE 4 — Daily Symptom Log (Repeatable Page)

Date: _____

Overall Symptom Level Today

0 1 2 3 4 5 6 7 8 9 10

Primary Symptoms Today (check all that apply)

- Shortness of breath
- Fatigue
- Pain
- Brain fog
- Dizziness
- Weakness
- Chest tightness
- Headache
- Nausea
- GI symptoms
- Sleep disruption
- Anxiety
- Other: _____

What feels different today?

Sleep quality last night (1–5): _____

Stress level today (1–5): _____

Environmental factors (weather, exposure, etc.):

PAGE 5 — Flare Log

Am I experiencing a flare?

- No
- Mild
- Moderate
- Severe

When did symptoms increase?

Date: _____ Time: _____

What changed compared to baseline?

Possible Trigger:

Actions Taken:

- Rescue medication
- Increased treatment
- Rest
- Called provider
- Urgent care / ER
- Medication adjusted
- Other: _____

Did symptoms improve?

- Yes
- Somewhat
- No

Notes:

PAGE 6 — Medication Change Log

Medication: _____

Date Started/Adjusted: _____

Reason for Change: _____

Side Effects Noticed:

Improvement Noticed:

Weekly Pattern Review

This section helps you prepare for appointments.

This week:

• Did I experience more flares than usual?

Yes No

• Are symptoms trending worse?

Yes No

• Any new symptoms?

• Questions for my provider:

• Do I need testing, referrals, or medication review?

PAGE 7 — Appointment Summary

Provider: _____

Date: _____

Tests Ordered:

Medication Changes:

Follow-Up Plan:

What is still unclear?

Footer for each page:

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