APPENDIX C: SYMPTOM TRACKER

Use this tracker to monitor specific symptoms and report changes to the doctor.

SYMPTOM TRACKER

Patient Name: _____

Symptom/s being tracked: _____

Date started tracking: _____

For each day, rate the symptom severity and note any relevant details:

Date: _____

Severity (0=none, 10=worst):_____

Time of day: ☐ Morning ☐ Midday ☐ Evening ☐ Night ☐ All day

Duration: _____

What makes it better: _____

What makes it worse: _____

Associated symptoms: _____

Notes: _____

_____

_____

(Repeat for each day)

Date: _____

Severity: _____

Time of day: ☐ Morning ☐ Midday ☐ Evening ☐ Night ☐ All day

Duration: _____

What makes it better: _____

What makes it worse: _____

Associated symptoms: _____

Notes: _____

_____

_____

Date: _____

Severity: _____

Time of day: ☐ Morning ☐ Midday ☐ Evening ☐ Night ☐ All day

Duration: _____

What makes it better: _____

What makes it worse: _____

Associated symptoms: _____

Notes: _____

_____

_____

SUMMARY (to share with doctor):

Overall pattern observed: _____

_____
_____

Concerns: _____

Questions for doctor: _____

_____

_____