

DAILY SYMPTOM TRACKER

Date: _____

PAIN LEVEL



FATIGUE LEVEL



SLEEP Hours: _____ Quality: _____ /10 **ENERGY / SPOONS** Started with: _____ Ended with: _____

TOP 3 SYMPTOMS TODAY

1. _____
2. _____
3. _____

MEDICATIONS TAKEN

☐ Morning ☐ Midday ☐ Evening ☐ Bedtime ☐ As needed: _____

FOOD / WATER

Meals eaten: ☐ 1 ☐ 2 ☐ 3 Water (glasses): ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Notable foods: _____

MOVEMENT ☐ None ☐ Light ☐ Moderate ☐ Too much

MOOD ☐ Good ☐ OK ☐ Low ☐ Anxious ☐ Frustrated

NOTES

WEEKLY SYMPTOM SUMMARY

Week of: _____ to _____

Metric	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Avg
Pain (1-10)								
Fatigue (1-10)								
Sleep (hrs)								
Energy/Spoons								
Top Symptom								

PATTERNS NOTICED THIS WEEK

TRIGGERS IDENTIFIED

WHAT HELPED MOST THIS WEEK

CHANGES TO DISCUSS WITH PROVIDER

MONTHLY OVERVIEW

Month / Year: _____

Day	Pain	Fatigue	Flare?	Key Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

MONTHLY OVERVIEW

Days 17–31 · Month / Year: _____

Day	Pain	Fatigue	Flare?	Key Notes
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

MONTHLY SUMMARY

Avg Pain: _____ Avg Fatigue: _____ Flare Days: _____ Best Day: _____ Worst Day: _____

Trend vs. last month: _____

UNFOLDFACTORY

WALK INTO EVERY VISIT WITH EVIDENCE

Chronic Illness + Medical Records Binder Bundle

Two binders, 88 pages: symptom, flare and pain tracking, medication logs, energy pacing, appointment prep and visit notes, plus your full medical records, insurance, allergies and emergency wallet cards.



[See the bundle on Etsy](#)

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