

# 30-Day Symptom + Function Tracker

Track symptoms, daily impact, recovery time, and patterns — without documenting every detail of your life.

## WHAT THIS TRACKER IS FOR

This tracker is designed to help you notice patterns over time — not to create a perfect medical record. Chronic illness is unpredictable. Some days you'll fill in every field. Other days you'll write one sentence. Both are useful.

The goal is **pattern visibility**: seeing what worsens your symptoms, what helps, how long recovery takes, and how your condition affects daily life. That kind of information can help you communicate more clearly with your care team and prepare for appointments.

### This tracker may help you:

- Notice patterns you might not see day-to-day
- Prepare for appointments with specific examples
- Communicate symptoms and functional impact more clearly
- Track how treatments, medications, or changes affect you over time
- Build a consistent record you can refer back to

## HOW TO USE THIS IN 2 MINUTES A DAY

You do not need to fill in every field every day. Use what helps you. Skip what doesn't.

1. **Daily entry (Page 2):** Fill in at the end of the day, during a flare, or whenever you have a few minutes. Even partial entries are valuable.
2. **Weekly review (Page 3):** Once a week, look back at your daily entries and note the biggest patterns. This is the page your provider will find most useful.
3. **Appointment summary (Page 4):** Before a visit, use this page to pull together your top patterns, functional impacts, and questions. Bring it with you or send it in advance.

**You can use this tracker:** daily · a few times per week · only during flares · before appointments · however works for you.

There is no wrong way to use it. Consistency matters more than completeness.

## WHAT'S INSIDE

This tracker includes four pages designed to work together:

- **Page 1 (this page):** How to use the tracker
- **Page 2:** Daily entry template — print multiple copies for 30 days
- **Page 3:** Weekly pattern review — one per week
- **Page 4:** Appointment summary — bring this to your visit

Print Page 2 thirty times for a full month. Print Page 3 four times for weekly reviews. Print Page 4 as needed before appointments.

**Educational use only.** This tracker is for organizational and informational purposes only. It is not medical advice, legal advice, or a substitute for professional care. It does not guarantee any medical, insurance, disability, or benefits outcomes. Consult a licensed clinician for medical guidance. The Documented Patient · thedocumentedpatient.com

## Daily Entry

Fill in what you can. Partial entries are still useful. · thedocumentedpatient.com

DATE	DAY OF WEEK	OVERALL: HOW WAS TODAY?
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**MAIN SYMPTOM(S) TODAY**

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**SYMPTOM SEVERITY (CIRCLE ONE) 1 = MILD 10 = SEVERE**

1
  2
  3
  4
  5
  6
  7
  8
  9
  10

**ENERGY / FATIGUE LEVEL (CIRCLE ONE) 1 = NO ENERGY 10 = NORMAL**

1
  2
  3
  4
  5
  6
  7
  8
  9
  10

**COGNITIVE SYMPTOMS / BRAIN FOG**

Yes
  No
  Mild

Notes: \_\_\_\_\_

**PAIN**

Yes
  No
  Mild

Location/notes: \_\_\_\_\_

**MOBILITY / BALANCE ISSUES**

Yes
  No
  Mild

Notes: \_\_\_\_\_

**MEDICATION / TREATMENT CHANGE TODAY (IF ANY)**

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**WHAT DID SYMPTOMS INTERRUPT TODAY? (CHECK ALL THAT APPLY)**

Basic daily tasks
  Walking / balance
  Sleep
  Driving
  Concentration / memory
  Pain tolerance
  Endurance

Work-like tasks
  Appointments / phone calls
  Social / family life
  Other: \_\_\_\_\_

**WHAT HELPED TODAY (IF ANYTHING)?** \_\_\_\_\_

**RECOVERY TIME NEEDED** \_\_\_\_\_

**ONE-SENTENCE SUMMARY OF TODAY**

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## Weekly Pattern Review

Look back at your daily entries and note what you're noticing. · [thedocumentedpatient.com](http://thedocumentedpatient.com)

WEEK OF (START DATE)

THROUGH (END DATE)

WEEK NUMBER (OF 4)

BIGGEST SYMPTOM PATTERN THIS WEEK

WHAT SEEMED TO WORSEN SYMPTOMS THIS WEEK?

WHAT SEEMED TO HELP THIS WEEK?

WHAT ACTIVITIES OR TASKS REQUIRED THE MOST RECOVERY TIME?

WHAT CHANGED COMPARED TO LAST WEEK? (BETTER, WORSE, OR DIFFERENT)

WHAT DO I NEED TO TELL MY PROVIDER ABOUT THIS WEEK?

WHAT DO I WANT DOCUMENTED AT MY NEXT APPOINTMENT?

**Reminder:** You don't need a perfect week to have a useful review. Even a few entries can reveal patterns. What matters is consistency over time — not completeness in any single week.

## Appointment Summary

A one-page overview of your tracking period to share with your provider.

TRACKING PERIOD COVERED

PROVIDER / APPOINTMENT TYPE

APPOINTMENT DATE

### TOP 3 RECURRING SYMPTOMS DURING THIS PERIOD

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### TOP 3 FUNCTIONAL IMPACTS (WHAT SYMPTOMS INTERRUPTED MOST)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

TRIGGERS / PATTERNS NOTICED

TREATMENTS TRIED / MEDICATION ISSUES


### RECOVERY TIME EXAMPLES (ACTIVITIES THAT REQUIRED REST / HOW LONG)

\_\_\_\_\_

\_\_\_\_\_

### MY TOP QUESTIONS FOR THIS APPOINTMENT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### DOCUMENTATION REQUEST SCRIPTS — FEEL FREE TO READ THESE ALOUD OR HAND THIS PAGE TO YOUR PROVIDER

"Can we document the pattern I'm seeing, including how symptoms affect my daily activities and recovery time?"

"I'm not asking for a specific answer today. I'm asking that we document what is happening and what we are doing next."

"I can sometimes do this once, but I can't do it consistently or safely — can we note that in the chart?"

### AFTER THE VISIT — WHAT WAS DECIDED?

Plan / next steps:

Follow-up date:

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