




Symptom Diary

It is important to track your symptoms and how they vary from day to day. Writing your symptoms down and sharing them with your physician and others on your care team can help determine triggers to your symptoms and how you are responding to interventions.

There are many mobile apps for smart phones and tablets that you might find convenient, as well as paper journals and books. Make sure that the apps will keep your data secure and that they are easy for you to use and review with your clinician.

Getting Started: You can use this document to start and then look for a version that fits your needs. In this diary, you can use shorthand for your symptoms (e.g., use “F” rather than writing out “fatigue” each day) and then give it a numerical value. Out of a maximum scale of 10, perhaps your fatigue one day was a 7 out of 10 (7/10) but on another day it improved to a 3 out of 10 (3/10).

Example Symptom Diary: You can see the example chart below. A line is at the top to list your **goal(s)** for the week, to keep them top of mind. There is also a spot for reflection at the bottom of the page. The second page is blank for you to try.

Symptom Diary


Patient Name: _____ **Date:** _____

Symptom List: Fatigue (F) Chronic Pain (P) Headache (H)

★ Goal:	Keep fatigue at <6 and walk to the corner 3 days per week.
Sunday	Walked to the corner and back, extreme fatigue at 6p (F 9/10)
Monday	Couldn't get out of bed all day (F 10/10)
Tuesday	Able to do some laundry, napped at 2p (F 6/10)
Wednesday	Friend brought lunch over, sat outside for a few hours (F 5/10)
Thursday	Headache, tried new med with no relief (H 8/10)
Friday	Headache, tried meditation and ibuprofen with 50% improvement (H 4/10)

Thoughts/Reflection:
The combination of meditation and ibuprofen was very helpful. Will try again next time. Small naps helped manage fatigue, but still went to bed early that night. Lots of fun playing cards with neighbors.





Symptom Diary



Patient Name: _____ **Date:** _____

Symptom List: _____

 Goal:	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Thoughts/Reflection: _____

