Symptom Journal

A 30-Day Guided Journal

Hybrid

How to Use This Journal

Welcome to your journal! Here are some tips to get the most out of it:

1 Set aside a few minutes each day to write

2 Be honest and write freely without judgment

3 Try to write at the same time each day to build a habit

4 Review your entries weekly to notice patterns

- Fill in the top tracker section each day — rate your pain, severity, mood, energy, sleep quality, and stress on a 1-10 scale, and check off if you took medication

- In the Symptom Details section, describe what you felt: the type of sensation, location, when it started, and how long it lasted

- Use Triggers & Context to note what you were doing, eating, or experiencing before symptoms appeared

- Log your medications, doses, and what helped or worsened symptoms in the Medication & What Helped section

- Use Notes for My Doctor to jot down questions, concerns, or observations for your next appointment

- Review your entries weekly to identify recurring patterns and share them with your healthcare provider

Scan for a detailed guide on how to use this journal

Date: _____

Pain level (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Severity: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Medication taken: ☐

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Symptom details *(describe each symptom: what you feel, where exactly, when it started, how long it lasts)*

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Stress level (1-10):   (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Medication taken: ☐

Symptom details *(describe each symptom: what you feel, where exactly, when it started, how long it lasts)*

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Triggers & context *(what were you doing, eating, or feeling before symptoms appeared? note activity, fo...)*

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Medication & relief *(medications taken (name, dose, time). what eased or worsened symptoms? rate eff...)*

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Date: _____

Pain level (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Severity: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Mood (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy level (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress level (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Medication taken: ☐

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Stress level (1-10): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date: _____

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Stress level (1-10):   ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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