

My Daily Symptom Diary

A gentle, simple place to notice what you experienced and how you felt. One sheet per day.

DATE _____ DAY _____

MORNING CHECK-IN

Hours slept: _____ Sleep quality: ☐ Poor ☐ Fair ☐ Good How I feel starting today: _____

SYMPTOMS & FEELINGS THROUGHOUT THE DAY

Write an entry whenever something happens. Use 0–10 for intensity (0 = none, 10 = worst imaginable).

Time	Symptom(s) / what happened	Intensity 0–10	How I felt (physically or emotionally)	What was happening? (optional)

EVENING CHECK-IN

Overall today felt: ☐ Easier ☐ About the same ☐ Harder Energy: ☐ Low ☐ Medium ☐ High

What stood out today? _____

Something I want to remember or ask about: _____

Small reminder: You do not need to find a pattern every day. Recording what happened is enough.

My Week at a Glance

Optional: look back at your daily pages and notice what felt important. There is no need to fill every space.

WEEK OF _____ TO _____

ONE-MINUTE WEEKLY OVERVIEW

Day	Main symptom(s)	How did I feel?	Notes / something I noticed

LOOKING BACK

Symptoms I noticed most often: _____

Any differences between easier and harder days? _____

Questions I want to bring to my healthcare professional: _____

Remember: Patterns can have many explanations. This diary is for observing and communicating—not self-diagnosing.