



# SYMPTOM TRACKER CHART

Patient name:

Contraceptive (or HRT) medication (or device):

Other medication(s):

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
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**PAIN**

1. Abdominal pain
2. Backache
3. Breast tenderness
4. Headache/ Migraine
5. Muscle/ joint pain  
painful lymph nodes
6. Sore throat

**MOOD**

7. Anxiety/ tension
8. Irritability
9. Low mood/ self esteem
10. Suicidal thoughts
11. Tearful

**DIGESTION/ URINARY**

12. Bladder urgency
13. Bloating/ Constipation
14. Diarrhoea
15. Nausea/ Vomiting
16. Passing mucus (in stool)

**NEUROLOGICAL**

17. Clumsiness
18. Difficulty concentrating
19. Dizziness
20. Body temp. too hot or cold
21. Sensitivity to light, etc.
22. Visual/ speech problems

**OTHER**

23. Dry mouth
24. Fatigue
25. Low libido
26. Restlessness/ tingling
27. Wheezing/ asthma
28. Sleep problems
29. Trembling or shaking

**INSTRUCTIONS:**

- Try to track all symptoms that you experience.
- Record symptoms daily, using numbers (right)
- Indicate when you take any medication(s)
- Indicate severity of symptoms (e.g. M-moderate, S-severe)
- Track diet or activity based 'triggers', as applicable

- If you have a 21-35 day menstrual cycle:**
- Day 1 is the first day of your period.
  - Move onto a new line each time you have a period.

- If your menstrual cycle is longer than 35 days:**
- Day 1 is the first day of your period
  - Use one Symptom Tracker Chart to capture one cycle

- If you do not have a period:**
- Day 1 relates to the first of each calendar month.

