

Weekly Symptom Log

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Symptom: _____							
Worst Time of Day							
Affecting Factors							
Symptom: _____							
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Affecting Factors							
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Worst Time of Day							
Affecting Factors							
Overall Day Score (1-5)							
Notes							

Instructions

For each category, rate how the symptoms were that day on a scale of **0 – 10**, with '0' being no symptoms at all and '10' the worst you can imagine.

Note the time of day that the symptom peaked.

Also write down any factors that seem to have affected the symptom. These can include medications, prolonged sitting, eating or drinking, constipation, stress, sexual activity, or anything else you notice has an impact.

If you are experiencing other symptoms, write them into the 'Other' categories and track them as well.

Finally, give yourself an overall day score on a scale of **1-5**. A score of '**5**' is a great day where your condition is not bothering you, while a score of '**1**' might be a really tough day during a flare. The goal of treatment is to start seeing these numbers start to gradually rise.