

**30 DAY
CHRONIC
ILLNESS
SYMPTOM
TRACKER**

**A 30 DAY GUIDE TO
TRACKING, HEALING &
UNDERSTANDING
YOUR BODY**

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INTRODUCTION

Living with chronic illness is a journey of small victories and daily challenges. Tracking your symptoms can feel like a simple act, but it holds the power to reveal patterns, validate your experience, and guide you toward meaningful change.

This 30-day tracker offers a compassionate space to witness every ache, every moment of relief, and every step forward. By logging pain levels, triggers, treatments, and reflections, you'll gain deeper insight into how your body communicates and what supports your well being.

I created this guide to remind you that your experience matters. Whether you're newly diagnosed or a long-time warrior, this tracker stands beside you as both a tool and a companion on your path to healing.

HOW TO USE THIS GUIDE

Each evening, take 2–3 minutes to complete your daily page.

Consistency builds awareness, even on tough days.

Daily Steps

- Date: Fill in the day at the top.
- Symptoms: Rate your main symptom(s) from 1–10 and list them.
- Triggers: Check known ones or note new discoveries.
- Treatment Log: Record meds or treatments for morning, afternoon, and evening.
- Sleep: Rate your sleep quality from 1–10.
- Mood: Choose anxious, sad, angry, neutral, or content.
- Nutrition: Note key details for breakfast, lunch, and dinner.
- Self-Care: Select an activity—meditation, stretching, or one you create.
- Free Notes: Capture sensations, questions, or insights.
- Reflection: Finish the prompts:
 - “Today I learned...”
 - “My body thanked me by...”

HOW TO USE THIS GUIDE

Weekly & Monthly Check-Ins

- Weekly: Review your entries, celebrate progress, and set intentions.
- Monthly: Reflect on your journey, honor growth, and plan ahead.

This isn't just tracking—it's a ritual of self-understanding and compassionate care.

SYMPTOM TRACKER

DAY 1

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 2

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 3

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 4

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 5

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 6

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 7

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

WEEKLY REFLECTION

WEEK 1

MOOD GRAPGH

LOW HIGH

SYMPTOMS THIS WEEK

NOTABLE TRIGGERS

WHAT HELPED

OVERALL WEEKLY MOOD

ANXIOUS

SAD

ANGRY

NEUTRAL

CONTENT

WEEKLY SELF CARE ACTIVITY

MEDITATION

GENTLE STRETCH

OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 8

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 9

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 10

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 11

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 12

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 13

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 14

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

WEEKLY REFLECTION

WEEK 2

MOOD GRAPGH

LOW HIGH

SYMPTOMS THIS WEEK

NOTABLE TRIGGERS

WHAT HELPED

OVERALL WEEKLY MOOD

<input type="checkbox"/> ANXIOUS	<input type="checkbox"/> NEUTRAL
<input type="checkbox"/> SAD	<input type="checkbox"/> CONTENT
<input type="checkbox"/> ANGRY	

WEEKLY SELF CARE ACTIVITY

<input type="checkbox"/> MEDITATION
<input type="checkbox"/> GENTLE STRETCH
<input type="checkbox"/> OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 15

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 16

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 17

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 18

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 19

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 20

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 21

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

WEEKLY REFLECTION

WEEK 3

MOOD GRAPGH

LOW HIGH

SYMPTOMS THIS WEEK

NOTABLE TRIGGERS

WHAT HELPED

OVERALL WEEKLY MOOD

<input type="checkbox"/> ANXIOUS	<input type="checkbox"/> NEUTRAL
<input type="checkbox"/> SAD	<input type="checkbox"/> CONTENT
<input type="checkbox"/> ANGRY	

WEEKLY SELF CARE ACTIVITY

<input type="checkbox"/> MEDITATION
<input type="checkbox"/> GENTLE STRETCH
<input type="checkbox"/> OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 22

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 23

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 24

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 25

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 26

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 27

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 28

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

WEEKLY REFLECTION

WEEK 4

MOOD GRAPGH

LOW HIGH

SYMPTOMS THIS WEEK

NOTABLE TRIGGERS

WHAT HELPED

OVERALL WEEKLY MOOD

<input type="checkbox"/> ANXIOUS	<input type="checkbox"/> NEUTRAL
<input type="checkbox"/> SAD	<input type="checkbox"/> CONTENT
<input type="checkbox"/> ANGRY	

WEEKLY SELF CARE ACTIVITY

<input type="checkbox"/> MEDITATION
<input type="checkbox"/> GENTLE STRETCH
<input type="checkbox"/> OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 29

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

SYMPTOM TRACKER

DAY 30

DATE ____/____/____

SYMPTOM RATING (1-10) ____

SLEEP QUALITY (1-10) ____

MAIN SYMPTOMS

- PAIN
- FATIGUE
- BRAIN FOG
- MOOD
- OTHER _____

TRIGGERS

- STRESS
- DIET
- WEATHER
- ACTIVITY
- OTHER _____

TREATMENT/MEDICATION LOG

- MORNING _____
- AFTERNOON _____
- EVENING _____

NUTRITION NOTES

- BREAKFAST _____
- LUNCH _____
- DINNER _____

MOOD CHECK

- ANXIOUS
- SAD
- ANGRY
- NEUTRAL
- CONTENT

DAILY REFLECTION

TODAY I LEARNED _____

MY BODY THANKED ME BY _____

SELF CARE ACTIVITY

- MEDITATION
- GENTLE STRETCH
- OTHER _____

FREE NOTES

MONTHLY REFLECTION

MOOD GRAPGH

LOW HIGH

TOP WINS THIS MONTH

CHALLENGES FACED

LESSONS LEARNED

INTENTIONS FOR NET MONTH

FREE NOTES
