

MELISSA PEARSON COACHING | CONSULTING

# Take the Wheel of Your Health

Stop guessing. Get answers.  
Start feeling like yourself again.

**THE SYMPTOM AND  
RESULTS TRACKER**

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# The Symptom and Results Tracker

This is where your body's file begins. Print a few copies, keep them somewhere visible, and bring them to every appointment. Start by writing things down even if all you've got is "tired all the time." That absolutely belongs on the page. Then add specifics as you notice them: how often, since when, what makes it better, what makes it worse. That's how "tired all the time" becomes "exhausted by 2pm daily for four months, regardless of sleep," and specifics like that get taken seriously.

## Part 1: Your Symptoms

Log anything that's off, even if it seems small or unrelated. Patterns that hide in your memory, show up on paper.

| SAMPLE – your tracking sheet is at the back |                       |           |                      |                                              |
|---------------------------------------------|-----------------------|-----------|----------------------|----------------------------------------------|
| Since when                                  | Symptom (be specific) | How often | How strong (1 to 10) | What makes it better or worse                |
| March                                       | Exhausted by 2 pm     | Daily     | 7                    | Worse after lunch, no better with more sleep |

## Part 2: Your Lab Results

Log every result, every time, even the "normal" ones. Your trend line over time will eventually tell you more than any single result ever will. And remember: normal doesn't always mean optimal... a result near the edge of the range that matches your symptoms is a conversation worth having.

| SAMPLE – your tracking sheet is at the back |          |           |                 |                           |
|---------------------------------------------|----------|-----------|-----------------|---------------------------|
| Date                                        | Test     | My result | Reference range | Notes / how I was feeling |
| Feb 12, 2026                                | Ferritin | 22        | 15-150          | Exhausted, hair shedding  |

## Part 3: Questions For My Next Appointment

Write them down the moment you think of them. Capture them here so they make it into the next conversation.

| SAMPLE – your tracking sheet is at the back |                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1                                           | My ferritin is technically normal but at the bottom of the range. Could that explain how I feel? |

|                                                                                      |
|--------------------------------------------------------------------------------------|
| Baseline   Focus   Support your body   Measure again   Follow up<br>That's the loop. |
|--------------------------------------------------------------------------------------|

**Part 1 Tracking Sheet: My Symptoms** *(use this to record yours)*

| Since when | Symptom (be specific) | How often | How strong (1 to 10) | What makes it better or worse |
|------------|-----------------------|-----------|----------------------|-------------------------------|
|            |                       |           |                      |                               |
|            |                       |           |                      |                               |
|            |                       |           |                      |                               |
|            |                       |           |                      |                               |
|            |                       |           |                      |                               |

## Part 2 Tracking Sheet: My Lab Results *(use this to record yours)*

| Date | Test | My result | Reference range | Notes / how I was feeling |
|------|------|-----------|-----------------|---------------------------|
|      |      |           |                 |                           |
|      |      |           |                 |                           |
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|      |      |           |                 |                           |

**Part 3 Tracking Sheet: Questions For My Next Appointment** *(use this to record yours)*

|    |  |
|----|--|
| 1  |  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |
| 7  |  |
| 8  |  |
| 9  |  |
| 10 |  |