

Symptom Diary Template

Symptom I'm tracking: _____ Started on: _____

Write each entry as soon as you can. Fill in symptom-free days too ("none today"): they are part of the pattern. 0 = none, 10 = the worst you can imagine.

Date & time	What it felt like	How bad (0–10)	How long	What I was doing before	What I tried / did it help?	Anything else

Before your appointment, write a short summary: when it started, how often it happens now, how bad it gets, and how it is changing.

In an emergency, call 911. If you are thinking about suicide or are in crisis, call or text 988. From pockethealth.pro/templates/symptom-diary. Free to copy and share. General information, not medical advice.