

Symptoms & Changes Tracker

A practical record for describing what you notice and communicating it clearly to your healthcare team.

During recovery or while managing an ongoing health problem, symptoms can improve, worsen, appear only at certain times, or vary from day to day. Writing down what you actually notice can make changes easier to remember and describe.

WHAT THIS TRACKER IS FOR

- ☐ Record a new or changing symptom in your own words.
- ☐ Notice when it happens, how long it lasts, and whether it is becoming better, worse, or staying about the same.
- ☐ Record what seems to affect it and how it affects everyday activity.
- ☐ Bring a clearer summary to an appointment, phone call, or message with your healthcare team.

WHAT THIS TRACKER IS NOT FOR

This resource is for organization and communication. It is not a diagnostic tool and it does not tell you whether a symptom is serious, what caused it, or how to treat it.

DO NOT WAIT TO FILL OUT A FORM

Follow the instructions your healthcare team has already given you about symptoms that require a call, urgent evaluation, or emergency care. If you believe you may be having a medical emergency, seek emergency help rather than waiting to record the symptom.

A USEFUL DESCRIPTION OF A SYMPTOM

You do not need medical language. A useful description can simply explain what you feel or notice, where it occurs, when it started, how often it happens, how long it lasts, what makes it better or worse, whether it is changing, and what it keeps you from doing.

BEFORE YOU BEGIN

If your healthcare team has specifically asked you to monitor something—such as temperature, blood pressure, weight, blood sugar, drainage, or another measurement—use the instructions and ranges they gave you. Do not substitute this general tracker for a condition-specific monitoring plan.

Describe the Symptom or Change

Date I am recording this:

Symptom or change I noticed:

Where I feel or notice it:

When did it begin? Was the onset sudden or gradual?

Is it constant, or does it come and go? If it comes and goes, how often?

When it happens, about how long does it last?

How would I describe it in my own words?

What Seems to Affect It?

What was I doing when I noticed it?

What seems to make it better?

What seems to make it worse?

Does it seem related to a time of day, position, activity, meal, medication, treatment, rest, or something else?

Anything else that seems to happen at the same time?

A pattern I am beginning to notice:

How Is It Changing?

Comparing a symptom with how it was earlier can be more useful than trying to remember every individual day.

Compared with when I first noticed it, it is:

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- ☐ Better ☐ Worse ☐ About the same ☐ Different in another way

What specifically has changed?

Has the frequency or duration changed? How?

Has the location or the way it feels changed?

Has anything new appeared along with it?

What do I want my healthcare team to know about the change?

How Is It Affecting Everyday Life?

A symptom can matter because of what it prevents, changes, or makes more difficult. Recording that impact can help you explain what you are experiencing.

- ☐ Walking or moving around
- ☐ Sleeping or resting
- ☐ Eating or drinking
- ☐ Personal care
- ☐ Concentrating or communicating
- ☐ Work, household tasks, or usual activities

An activity that has become harder or that I stopped doing:

Help I need now that I did not need before:

Something I can still do, but only with more effort, time, rest, or assistance:

The biggest effect this symptom or change is having on my day:

Symptom Log

Use this page when you want a shorter repeated record. Print additional copies as needed.

Date / Time	Symptom or Change	How Long / How Often	Better, Worse, or Same?	What I Was Doing / What Affected It

PATTERN I NOTICE

Looking across these entries, what seems to be changing or repeating?

What do I want to ask or report?

What I Want to Report or Ask

Use this page to turn your notes into a short summary for a call, message, or appointment.

The symptom or change I most want to discuss:

When it started and how often it happens:

Whether it is getting better, worse, staying the same, or changing in another way:

How it is affecting my everyday activities:

What seems to make it better or worse:

My most important question:

AFTER I TALK WITH MY HEALTHCARE TEAM

What I was told / next step:

Who I spoke with and date:
