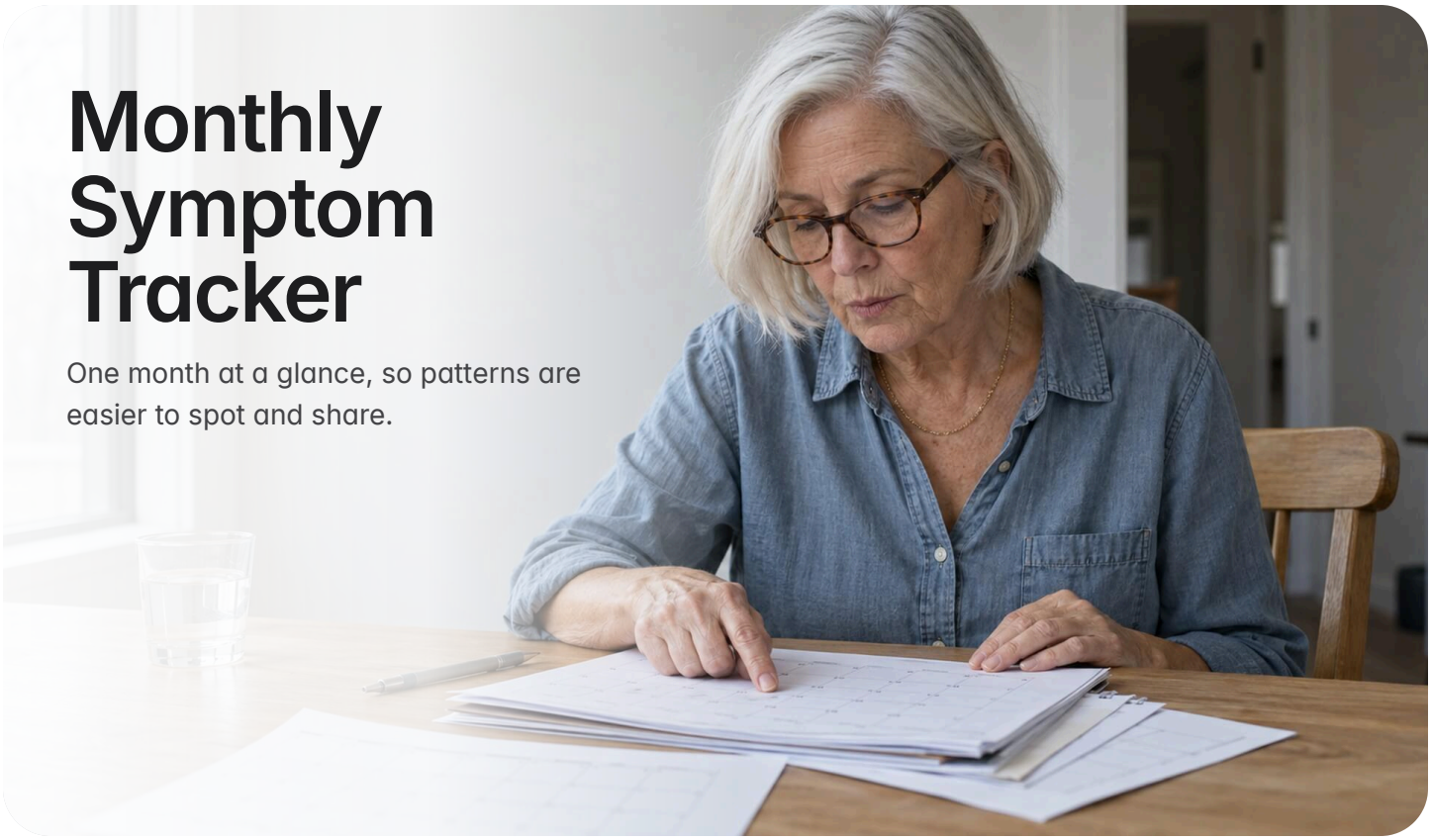
Monthly Symptom Tracker

One month at a glance, so patterns are easier to spot and share.



WHY A WHOLE MONTH

Symptoms that come and go are hard to describe in a short visit. One page for the month shows how often they happen, how strong they are, and what tends to come with them. Your doctor can see the whole month at a glance.

FOUR SMALL STEPS

Name	Write up to five symptoms you want to watch.
Shade	Each evening, fill one box for mild, two for moderate, three for severe.
Mark	Tick what else was going on that day.
Review	At the end of the month, fill in the summary for your doctor.

HOW TO SHADE A DAY

- **None** — Not there today.
- **Mild** — I notice it, but my day goes on.
- **Moderate** — It changes what I can do.
- **Severe** — It stops me, or I need help.

Example month
A filled page to show how it works.

Month page
Five symptoms, 31 days, plus what else was going on.

Summary for my doctor
Worst days, new symptoms and your questions.

Start small. Pick the symptoms that matter most to you. Tracking two or three is fine. A few seconds each night is enough.

CareClinic

EXAMPLE MONTHLY SYMPTOM TRACKER · MONTH

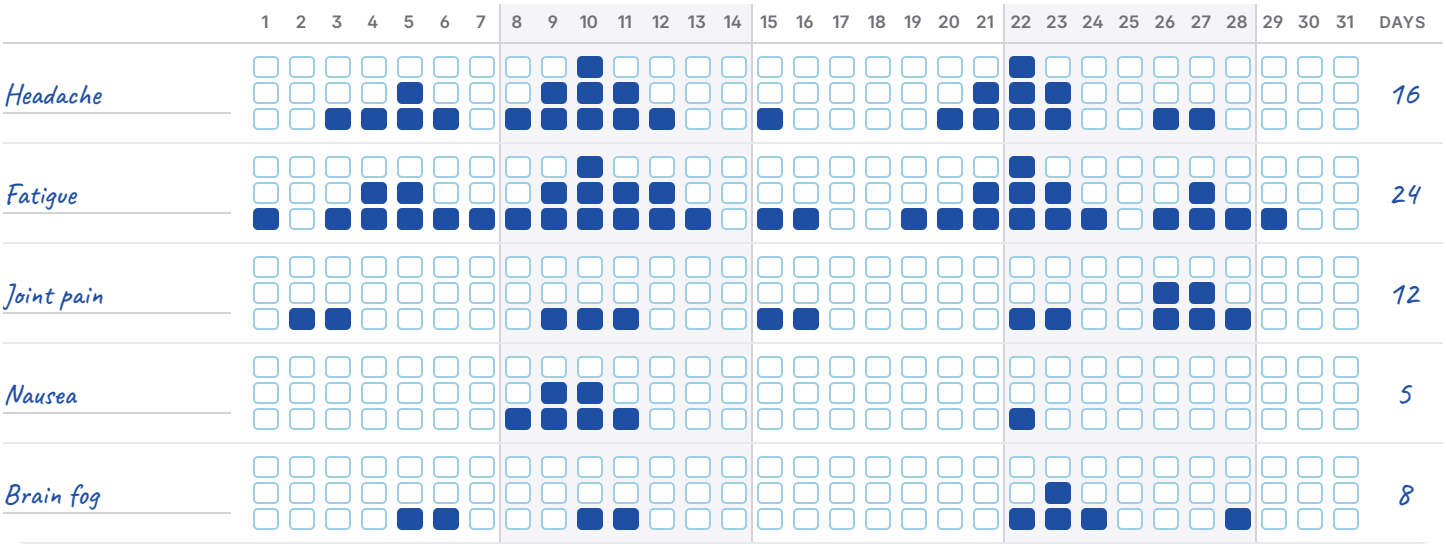
MONTH

March 2026

None Mild Moderate Severe

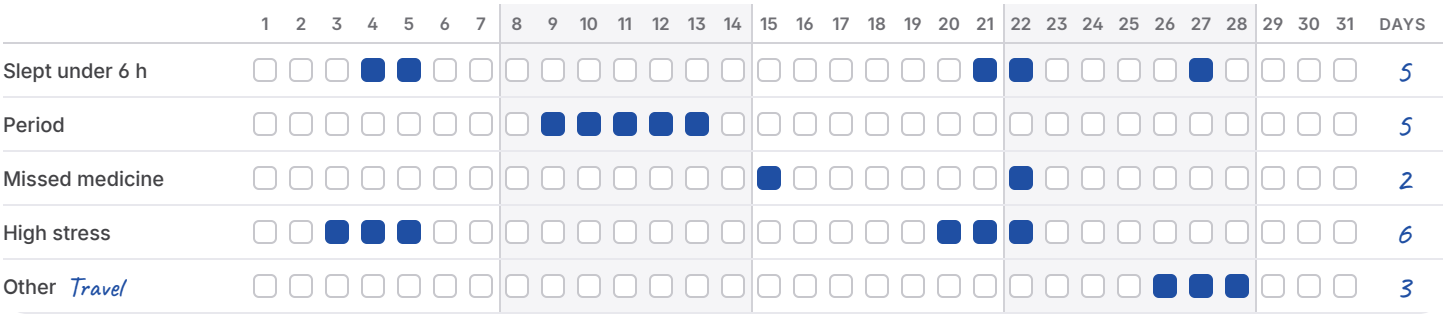
1 Symptoms

Shade from the bottom up. Leave empty on a good day.



2 What else was going on

Tick any that happened that day.



3 Weekly notes

A sentence or two about each week.

DAYS 1 TO 7: Deadline week. Late nights on the 4th and 5th.

DAYS 8 TO 14: Period started the 9th. Headache worst on the 10th.

DAYS 15 TO 21: Missed a dose on the 15th. Stress picked up by the 20th.

DAYS 22 TO 28: Missed a dose on the 22nd and slept badly. Trip on the 26th to 28th.

DAYS 29 TO 31: Feeling more like myself again.

MONTH

None Mild Moderate Severe

1 Symptoms

Shade from the bottom up. Leave empty on a good day.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DAYS

2 What else was going on

Tick any that happened that day.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DAYS
Slept under 6 h																																
Period																																
Missed medicine																																
High stress																																
Other _____																																

3 Weekly notes

A sentence or two about each week.

DAYS 1 TO 7

DAYS 8 TO 14

DAYS 15 TO 21

DAYS 22 TO 28

DAYS 29 TO 31

Summary for my doctor

Fill this in at the end of the month. Bring it, or a photo of it, to your visit.

1 The month in numbers

For days per week, divide days this month by 4.3.

SYMPTOM	DAYS THIS MONTH	DAYS PER WEEK	WORST DAY	OFTEN CAME WITH

2 Worst days

What was happening around them?

DATE	WHAT WAS HAPPENING	WHAT HELPED

3 New this month

Symptoms you had not noticed before, and when they started.

FOR MY NEXT APPOINTMENT

Questions for my doctor, and anything I want to understand or change.