

A month at a glance

Write your most important symptoms down the left. Each day, enter 0–3 in the cell. Fill the context rows too: the pattern usually hides there, not in the symptoms alone.

MONTH

YEAR

NAME

SEVERITY	0 None Not present today	1 Noticeable Aware of it, can still do things	2 Limits Interferes with some activities	3 Stops Prevents most or all activities
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SYMPTOM 0–3	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
Fatigue																															
Pain																															
Brain fog																															
Headache																															
Sleep quality (0 good – 3 very poor)																															
Nausea / GI																															
Dizziness																															
Mood low																															
Anxiety																															

CONTEXT	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
Sleep hours																															
Activity 0 none · 1 light · 2 moderate · 3 heavy																															
Stress 0–3																															
Cycle / hormones (P = period)																															
Medication change (+ / -)																															
Weather, travel, infection, other																															

WEEKLY REVIEW

Two minutes at the end of each week.

WEEK	WHAT STOOD OUT?	WHAT MIGHT HAVE CONTRIBUTED?
Days 1–7		
Days 8–14		
Days 15–21		
Days 22–31		

FOR YOUR APPOINTMENT · THE THREE BIGGEST CHANGES

Change, when it started, and what it stopped you doing.

#	CHANGE OR PATTERN	SINCE	IMPACT ON DAILY LIFE
1			
2			
3			