

SYMPTOMS TRACKER FOR FOODS & ACTIVITIES

DATE: _____

WEIGHT: _____

ENERGY: ☐ Good ☐ Fair ☐ Poor

MOOD: ☐ Good ☐ Fair ☐ Poor

PAIN: ☐ None ☐ Mild ☐ Moderate ☐ Severe

SLEEP QUALITY: ☐ Good ☐ Fair ☐ Poor

SWELLING: ☐ None ☐ Mild ☐ Moderate ☐ Severe

TIME	ACTIVITY	SYMPTOMS	FOOD, DRINK, MEDICATION, SUPPLEMENT	AMOUNT
		<input type="radio"/> Headache <input type="radio"/> Dizziness	<input type="radio"/>	
		<input type="radio"/> Fatigue <input type="radio"/> Fainting	<input type="radio"/>	
		<input type="radio"/> Numbness <input type="radio"/> Tingling	<input type="radio"/>	
		<input type="radio"/> Difficulty Concentrating	<input type="radio"/>	
		<input type="radio"/> Difficulty Sleeping	<input type="radio"/>	
		<input type="radio"/> Anxiety <input type="radio"/> Irritability	<input type="radio"/>	
		<input type="radio"/> Depression	<input type="radio"/>	
		<input type="radio"/> Low Blood Pressure	<input type="radio"/>	
		<input type="radio"/> Rapid Pulse	<input type="radio"/>	
		<input type="radio"/> Muscle Pain <input type="radio"/> Joint Pain	<input type="radio"/>	
		<input type="radio"/> Itching <input type="radio"/> Rash <input type="radio"/> Hives	<input type="radio"/>	
		<input type="radio"/> Abdominal Pain <input type="radio"/> Back Pain	<input type="radio"/>	
		<input type="radio"/> Abdominal Swelling	<input type="radio"/>	
		<input type="radio"/> Gas <input type="radio"/> Heartburn	<input type="radio"/>	
		<input type="radio"/> Nausea <input type="radio"/> Vomiting	<input type="radio"/>	
		<input type="radio"/> Urgency <input type="radio"/> Diarrhea	<input type="radio"/>	
		<input type="radio"/> Constipation <input type="radio"/> Hemorrhoids	<input type="radio"/>	
		<input type="radio"/> Eyes Itching <input type="radio"/> Eyes Swelling	<input type="radio"/>	
		<input type="radio"/> Dark Circles Around Eyes	<input type="radio"/>	
		<input type="radio"/> Nasal Congestion	<input type="radio"/>	
		<input type="radio"/> Runny Nose	<input type="radio"/>	
		<input type="radio"/> Mouth/Throat Itching	<input type="radio"/>	
		<input type="radio"/> Lip Swelling	<input type="radio"/>	
		<input type="radio"/> Tongue Swelling	<input type="radio"/>	
		<input type="radio"/> Facial Swelling	<input type="radio"/>	
		<input type="radio"/> Neck Swelling	<input type="radio"/>	
		<input type="radio"/> Swelling in Extremities	<input type="radio"/>	
		<input type="radio"/> Difficulty Swallowing	<input type="radio"/>	
		<input type="radio"/> Coughing <input type="radio"/> Wheezing	<input type="radio"/>	
		<input type="radio"/> Difficulty Breathing	<input type="radio"/>	
		<input type="radio"/> Bad Breath <input type="radio"/> Body Odor	<input type="radio"/>	