WEEKLY LIPEDEMA SYMPTOMS TRACKER

DATE:								
	SUN	MON	TUE	WED	THU	FRI	SAT	NOTES
SWELLING 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
FATIGUE 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
PAIN 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
MOOD 0 = Elated 2 = Fair 1 = Good 3 = Poor	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
MEMORY AND CONCENTRATION 0 = Unaffected 2 = Poor 1 = Fair 3 = Extreme Difficulty	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
SYMPTOM: ____________________ 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
SYMPTOM: ____________________ 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
SYMPTOM: ____________________ 0 = None 2 = Moderate 1 = Mild 3 = Severe	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	

DATE:								
SUN	SUN	MON	TUE	WED	THU	FRI	SAT	NOTES
APPETITE 0 = Unaffected 2 = Fair 1 = Normal 3 = Poor	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	◯ 0 ◯ 1 ◯ 2 ◯ 3	
HOURS OF SLEEP								
GOALS FOR WATER INTAKE:								
MET WATER INTAKE GOAL?	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	
GOALS FOR NUTRITION:								
MET NUTRITIONAL GOAL?	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	
GOALS FOR EXERCISE:								
MET EXERCISE GOAL?	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	◯ Y ◯ N	
TEMPERATURE								
WEIGHT								
MEASUREMENT: _____								
MEASUREMENT: _____								
MEASUREMENT: _____								
SKIN CONDITION 1 = Bruising/Discoloration 2 = Dryness/Flaking/Peeling 3 = Itching/Rash 4 = Cut/Crack/Scratch/Injury	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4	