



CHRONIC ILLNESS / FREE SYMPTOM TRACKER

Help me explain what changed.

Brief notes for a conversation with your medical provider.

Use when helpful; no daily streak required. Note observations, not assumed causes. This is not a diagnostic or emergency tool. Seek urgent care for urgent symptoms rather than waiting to finish a log.

Name (optional): _____ Dates covered: _____

Date / time	Symptom / location	Duration / intensity*	Impact on daily activity	Context / what I tried / response

*Use your own words: brief / hours / ongoing; mild / moderate / severe, if useful.

Related medication changes or other observations (optional; do not change treatment based on this sheet):

Bring your current medication and supplement list and relevant records separately. Keep completed pages private; the website does not collect them.



CHRONIC ILLNESS / FREE APPOINTMENT SUMMARY

My concern, in plain language.

You do not have to tell the whole story in one breath.

Bring this with the tracker. Choose your main concern, its impact, and a few questions. Ask your provider what to monitor and how to contact the care team between visits.

01 The concern I most want help with is...

When did it begin or change? How often does it happen? What is different from my usual experience?

02 This affects my daily life by...

Include a concrete example: work, sleep, walking, self-care, relationships, or another activity.

03 The questions I want answered are...

What might explain this? What next steps are appropriate? What changes need urgent care, and when should we follow up?

MY AGREED NEXT STEP

What we agreed, who will act, and when I should expect an update:

Further reading: NIA: How to Prepare for a Doctor's Appointment

[Open the resource online \(click here\)](#)