60-Day Symptom Log: Days 1-10

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS

SYMPTOM OR CONCERN BEING TRACKED

TRACKING PERIOD

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

60-Day Symptom Log: Days 11-20

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS

SYMPTOM OR CONCERN BEING TRACKED

TRACKING PERIOD

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

60-Day Symptom Log: Days 21-30

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS

SYMPTOM OR CONCERN BEING TRACKED

TRACKING PERIOD

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

60-Day Symptom Log: Days 31-40

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS | **SYMPTOM OR CONCERN BEING TRACKED** | **TRACKING PERIOD**

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

60-Day Symptom Log: Days 41-50

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS

SYMPTOM OR CONCERN BEING TRACKED

TRACKING PERIOD

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

60-Day Symptom Log: Days 51-60

Complete one row each day, including days when the symptom is absent or unchanged, so your care team can see the pattern.

NAME OR INITIALS | **SYMPTOM OR CONCERN BEING TRACKED** | **TRACKING PERIOD**

DATE	TIME	SYMPTOM / CHANGE	SEVERITY (0-10)	DURATION / FREQUENCY	ACTIVITY / POSSIBLE TRIGGER	WHAT I TRIED + EFFECT	DAILY-LIFE IMPACT / OTHER NOTES

Examples of impact: sleep, walking, balance, hearing, vision, eating, work, school, mood, or self-care.

Care Request and Follow-Up Log

Write down the request, the response, who owns the next step, and when you will follow up.

WHAT DO YOU WANT THE CARE TEAM TO ADDRESS?

YOUR SPECIFIC REQUEST

Examples: evaluation, symptom treatment, imaging, referral, second opinion, explanation

WARNING SIGNS OR CHANGES YOUR CARE TEAM SAID SHOULD TRIGGER URGENT CONTACT

CONTACT AND NEXT-STEP LOG

DATE	CONTACT / OFFICE	WHAT I REQUESTED	RESPONSE / REF. NO.	NEXT STEP + DUE DATE

IF THE PLAN DOES NOT HAPPEN, WHO WILL YOU CONTACT NEXT?