Symptom Tracking Before Diagnosis

Complete 6-page pre-diagnosis tracking template — broad symptom capture, systemic symptom mapping, pattern recognition, test/appointment log, and doctor-ready summary for when you don't have a diagnosis yet.

Name: _____

Date Range: _____

Pain Scale Reference (0–10 NRS)

0	1	2	3	4	5	6	7	8	9	10

0 = No Pain   5 = Moderate   10 = Worst Possible

Comprehensive Symptom Log

When seeking a diagnosis, capture everything broadly. Patterns in diverse symptoms often point to the underlying condition.

Date	Primary Symptom	Severity (0-10)	Secondary Symptoms	Timing (when)	Potential Trigger	Duration

Systemic Symptom Check

Check weekly. Many conditions affect multiple systems. Tracking all symptoms helps differential diagnosis.

System	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Musculoskeletal							
Neurological							
GI / Digestive							
Fatigue / Energy							
Skin changes							
Fever / Chills							
Cognitive (brain fog)							
Mood / Emotional							
Sleep disruption							
Other: _____							

Pattern Recognition Guide

After 2+ weeks of tracking, look for these diagnostically meaningful patterns in your data.

Pattern	Suggests	Track This
AM stiffness > 30 min	Inflammatory (RA, AS, lupus)	Exact duration every AM
Worse with activity	Mechanical / structural	Which activities, recovery time
Burning / tingling	Nerve involvement	Exact location, spreading?
Cycles with period	Hormonal / endometriosis	Cycle day + severity, 2-3 cycles
Widespread + fatigue	Fibromyalgia / systemic	All symptom types together
Post-illness onset	Post-infectious / CRPS	Timeline from event, all symptoms
Symmetric joint pain	Rheumatoid arthritis	Which joints, bilateral?
Night pain (wakes you)	Inflammatory or serious	Time, severity, what helps

Your Pattern Observations

Pattern I'm noticing: _____

_____

Possible connection: _____

Question for doctor: _____

Tests & Appointments Log

Track every test and appointment. This becomes your diagnostic timeline — invaluable when seeing multiple doctors.

Date	Doctor / Specialist	Type of Visit / Test	Results / Findings	Next Steps

Diagnostic Timeline

Build your complete timeline from symptom onset to present.

Date	Event	Outcome / Finding
	Symptoms first appeared	
	First doctor visit	
	First tests ordered	
	Specialist referral	

Medication & Treatment Log

Before diagnosis, track everything tried -- prescription, OTC, supplements. Note any allergies or adverse reactions. This history guides differential diagnosis.

Date	Medication / Treatment	Dose	Time Taken	Relief (0-10)	Duration of Relief	Side Effects

Non-Medication Treatments

Document all self-management attempts. What you have already tried (and failed) is as diagnostically useful as what works.

Date	Treatment Type	Duration (min)	Pain Before (0-10)	Pain After (0-10)	Helpful? (Y/N)	Notes

Treatment Effectiveness Summary

At week end, rate each treatment: 1 = No help, 2 = Slight, 3 = Moderate, 4 = Good, 5 = Excellent.

Treatment	Week 1	Week 2	Week 3	Week 4	Continue? (Y/N)	Notes

Functional Impact Assessment

Rate each activity: 0 = Unable, 5 = Significant difficulty, 10 = Full capacity. Track daily or on representative days.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Walking / mobility							
Standing tolerance							
Sitting tolerance							
Fine motor / grip							
Lifting / carrying							
Concentration / focus							
Energy / stamina							
Sleep quality							
Exercise tolerance							
Social participation							

Self-Care & Daily Living

Mark: Y = Independent ~ = Modified / used aids X = Unable H = Needed help from another person.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing / showering							
Dressing							
Preparing meals							
Housework / cleaning							
Grocery shopping							
Driving							
Sleep quality (1-5)							

Functional Limitations & Accommodations Used

Pre-Diagnosis Summary for Your Doctor

Complete this before each appointment. Hand it to your doctor at the start of the visit.

Symptoms started: _____

How it began: _____

Primary symptoms (with severity): _____

_____

How symptoms have changed: _____

Pattern noticed: _____

Impact on daily life: _____

What helps: _____

What makes it worse: _____

Tests already done: _____

Doctors already seen: _____

Family history: _____

What I want to find out at this appointment

_____

_____

_____

Questions for my doctor

_____

_____

_____