UC Symptom Tracker

DATES

TO DO THIS WEEK

The MIGHTY
Making health about people

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BATHROOM TRIPS Number of trips							
How many were urgent?							
STOOL CONSISTENCY (circle one)	Loose / Solid	Loose / Solid	Loose / Solid	Loose / Solid	Loose / Solid	Loose / Solid	Loose / Solid
Blood in stool?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
CRAMP PAIN LEVEL (circle one)	Light Moderate Heavy	Light Moderate Heavy	Light Moderate Heavy	Light Moderate Heavy	Light Moderate Heavy	Light Moderate Heavy	Light Moderate Heavy
WHAT'S STRESSING ME OUT	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐ _____	☐ Family ☐ Friends ☐ Work/School ☐ My Condition ☐ _____ ☐ _____ ☐
HOW I SLEPT Number of hours							
Was it interrupted by symptoms?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No