

Symptom/Pain Trackers

SYMPTOM & PAIN TRENDS



JANUARY

Day of Cycle:

Date:

Symptoms:

A circular grid for tracking cycle symptoms and dates. The grid is divided into 12 segments, each representing a day of the month. Each segment is further divided into 7 sub-segments, representing the days of the week. The grid is centered around a logo that reads 'EF HOUSTON' with a rose illustration. The grid is designed for tracking cycle symptoms and dates.

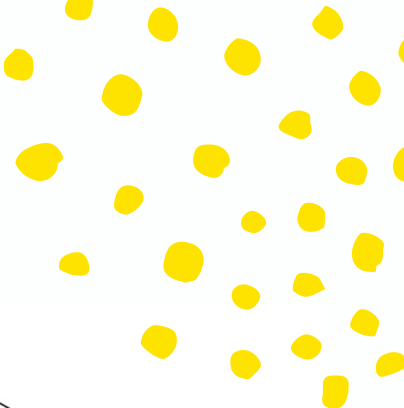


Date:

Symptoms:



MARCH

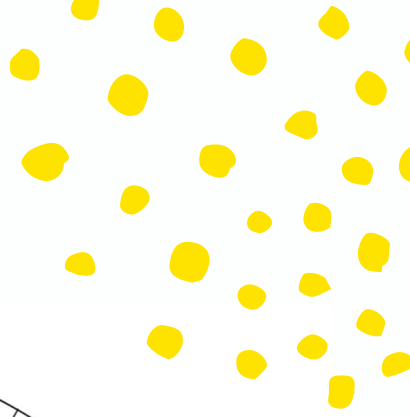


Day of Cycle:
Date:

Symptoms:

A large circular grid for tracking cycle symptoms. The grid is divided into 12 segments by radial lines. Each segment is further divided into 7 concentric rings, creating a total of 84 small squares for data entry. The grid is currently empty.

APRIL

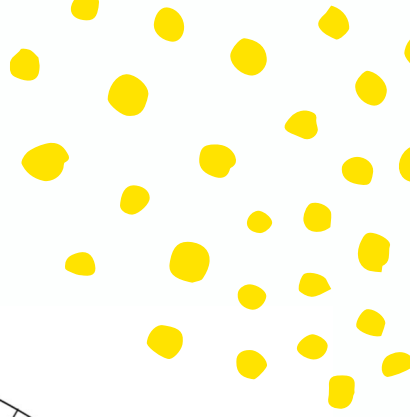


Day of Cycle:
Date:

Symptoms:

A large circular grid for tracking cycle symptoms. The grid is divided into 12 segments by radial lines. Each segment is further divided into 7 concentric rings, creating a total of 84 small squares for data entry. The grid is centered around a black circle containing a white rose and the text 'EF HOUSTON'.

MAY

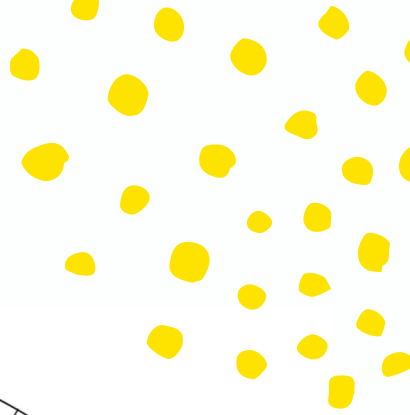


Day of Cycle:
Date:

Symptoms:

A large circular grid for tracking cycle symptoms. The grid is divided into 12 segments by radial lines. Each segment is further divided into 28 concentric rings, creating a total of 336 small squares for data entry. The grid is centered around a black circle containing a white rose and the text 'EF HOUSTON'.

JUNE

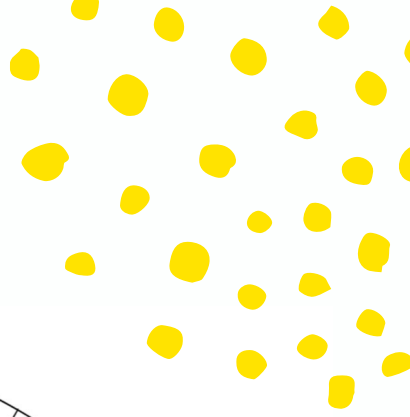


Day of Cycle:
Date:

Symptoms:

A large circular grid for tracking cycle symptoms. The grid is divided into 12 radial segments. Each segment contains 10 concentric rings, creating a total of 120 cells for recording data. The grid is currently empty.

JULY



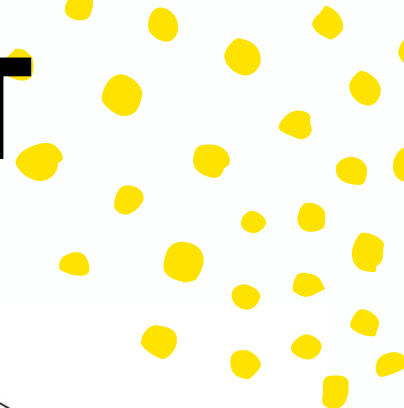
Day of Cycle:

Date:

Symptoms:

A large circular grid for tracking cycle symptoms. The grid is divided into 12 segments, each representing a day of the cycle. Each segment is further divided into 7 concentric rings, providing a total of 84 cells for recording symptoms. The grid is centered around a logo.

AUGUST



Day of Cycle:

Date:

Symptoms:

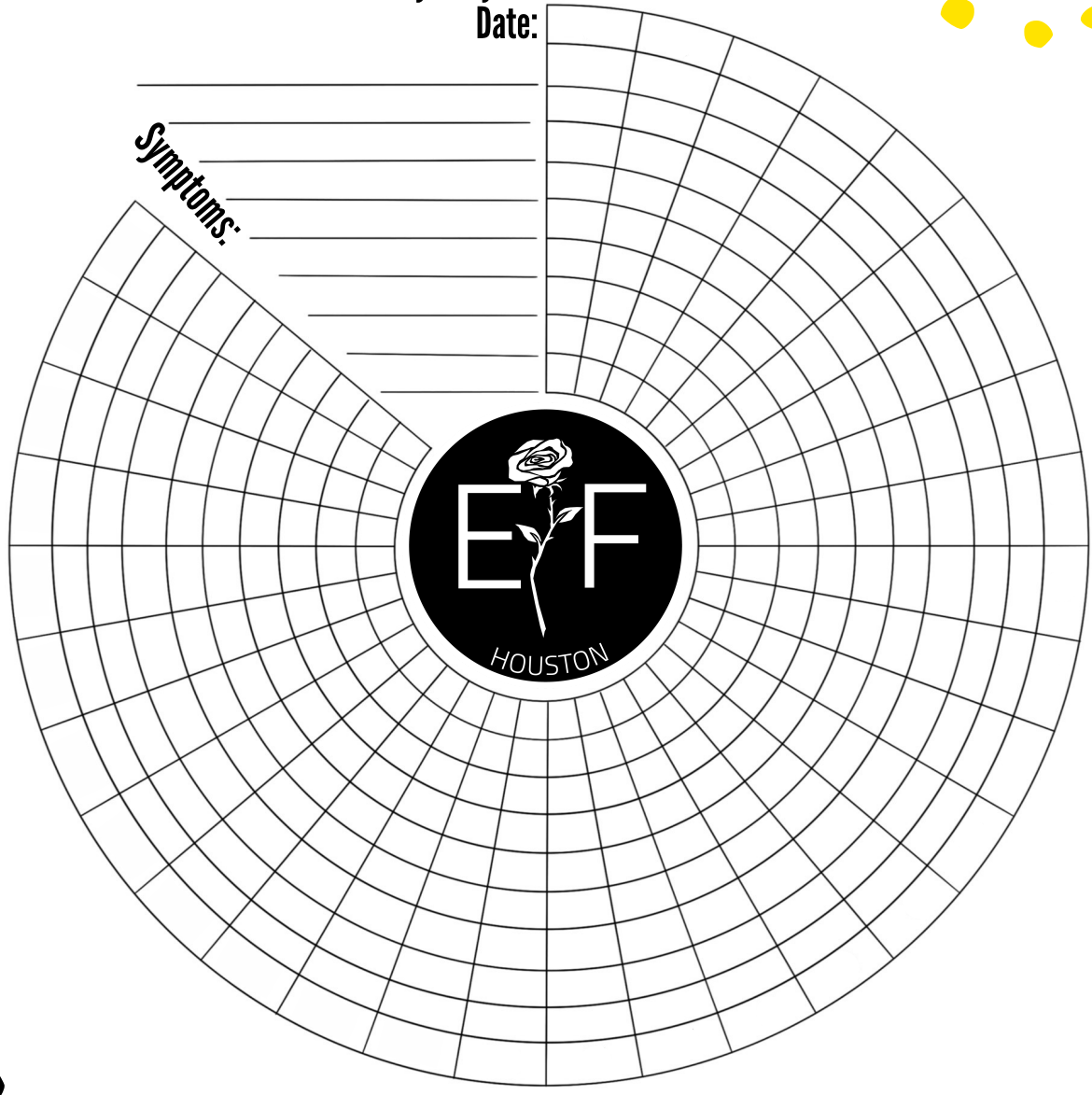
A large circular grid for tracking cycle data. The grid is divided into 12 segments by radial lines. Each segment contains concentric circles, creating a grid of small squares. The grid is intended for tracking cycle data over time.

SEPTEMBER



Day of Cycle:
Date:

Symptoms:



OCTOBER

Day of Cycle:

Date:

Symptoms:

A circular grid for tracking cycle symptoms and dates. The grid is divided into 12 segments, each representing a day of the month. Each segment is further divided into 7 sub-segments, representing the days of the week. The grid is centered around a black circle containing a white rose and the letters 'EF'.

Day of Cycle	Date	Symptoms
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

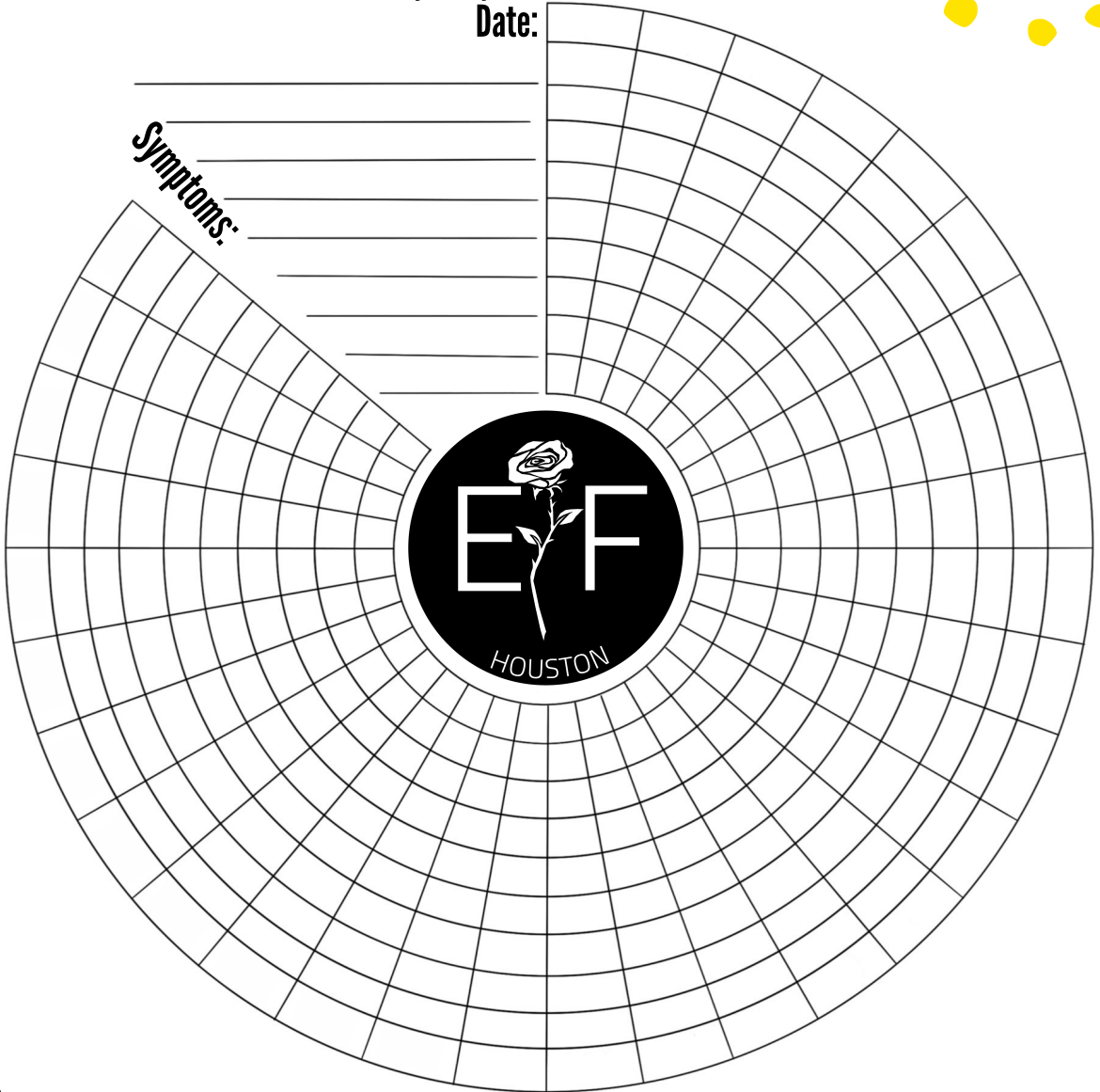


NOVEMBER

Day of Cycle:

Date:

Symptoms:



A circular calendar grid for the month of November. The grid is divided into 31 segments, each representing a day. The segments are arranged in concentric rings, with the outermost ring being the largest and the innermost ring being the smallest. The grid is centered around a black circle containing a white rose and the letters 'EF' in a large, bold, sans-serif font. Below the letters, the word 'HOUSTON' is written in a smaller, white, sans-serif font. The grid is surrounded by a white border.



DECEMBER

Day of Cycle:

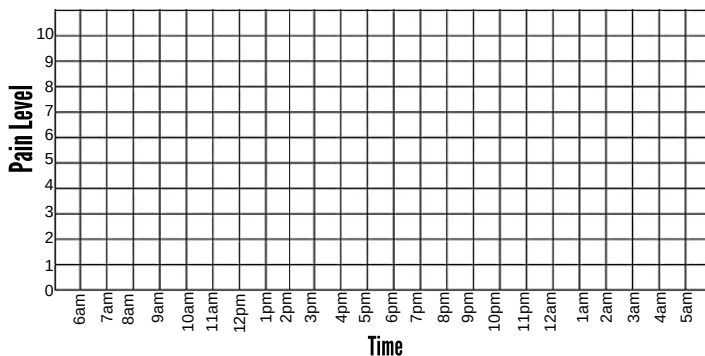
Date:

Symptoms:

The image shows a circular calendar grid for the month of December. The grid is divided into four equal quadrants by a vertical and a horizontal line. In the center of the grid is a circular logo. The logo is black with a white rose in the center. To the left of the rose is the letter 'E' and to the right is the letter 'F'. Below the rose, the word 'HOUSTON' is written in a curved path. The grid itself is made of concentric circles and radial lines, creating a series of small squares for daily tracking. The top-right quadrant is partially obscured by yellow confetti, and the bottom-left corner has a black wavy line.

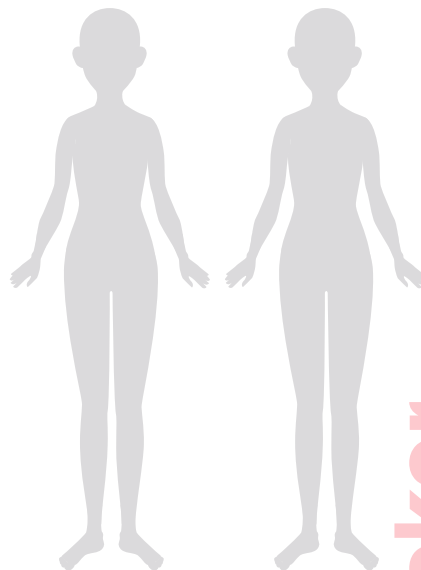
Pelvic Pain Numerical Rating Scale

0 1 2 3 4 5 6 7 8 9 10
No Pain Moderate Worst



Today is: / /

Pain Mapping
(Mark an "X" where you experience pain)



Front

Back

Symptoms

pain with sex
pain with defecation
urinary pain
backaches
abdominal bloating
(aka endo belly)
severe fatigue
pain with exercise
hip and leg pain
nausea
constipation
diarrhea
shortness of breath
chest pain
joint pain
headache
migraine
pelvic pain
other:

Physical Activity

housework
shopping
standing
driving
walking
cooking
running
jogging
aerobic
strength training
crossfit
yoga
stretching
swimming
weight lifting
other:

Mood

brain fog
lose memory
sleep: _____ hrs
depressed
mood:
light sensitivity
dizzy
vertigo
off-balance
panic attack
anxiousness
low-energy
fatigue
other:

Void Log

Color _____

Amount _____

Frequency _____

Pain with Urination? Yes/No (Circle one)

Stool Log

Shape _____

Texture _____

Length _____

Pain during Defecation? Yes/No (Circle one)

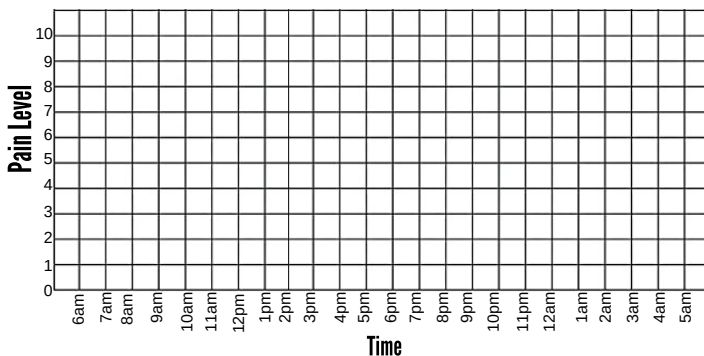
Tips & Triggers

NOTES:

Symptom & Pain Tracker

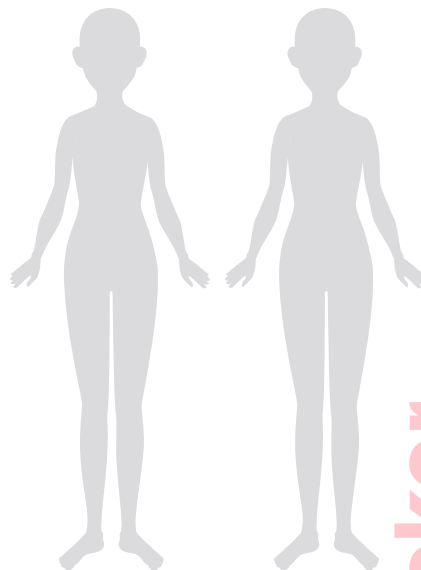
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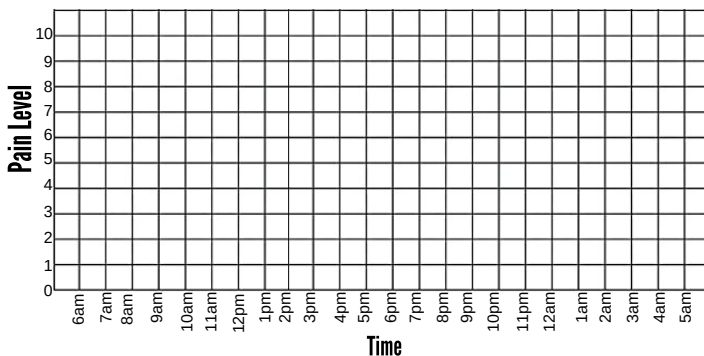
Tips & Triggers

NOTES:

Symptom & Pain Tracker

Pelvic Pain Numerical Rating Scale

0 1 2 3 4 5 6 7 8 9 10
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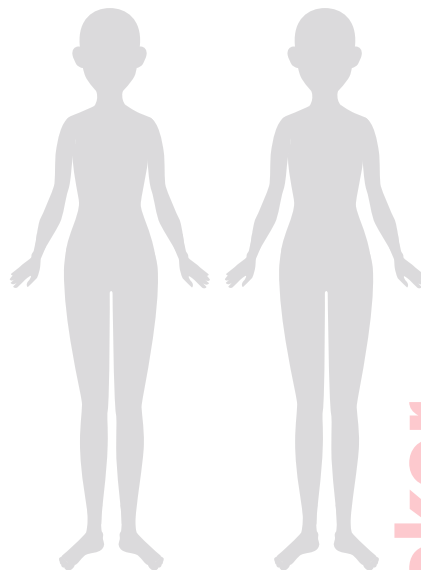
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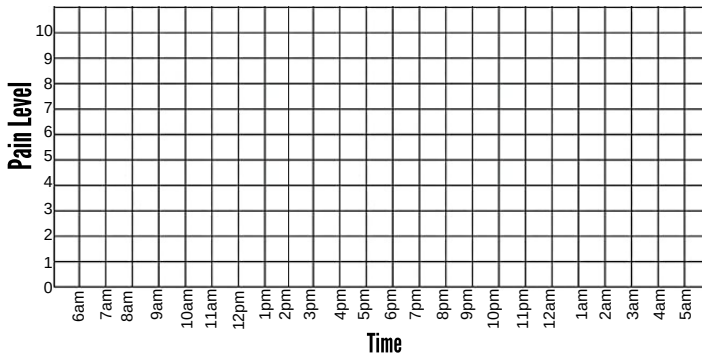
Pain during Defecation? Yes/No (Circle one)

Tips & Triggers

Symptom & Pain Tracker

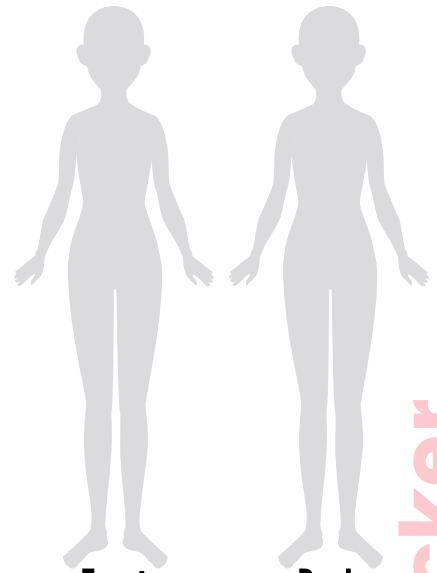
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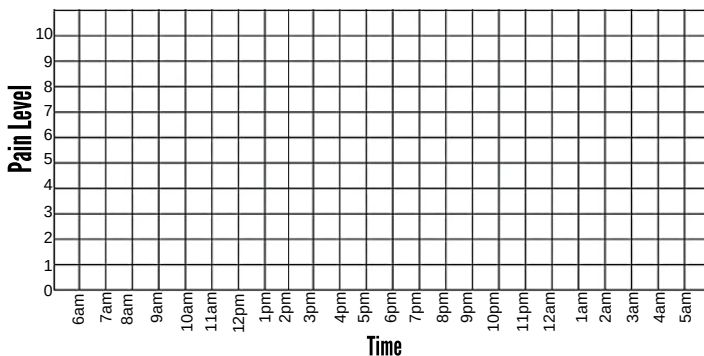
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Symptom & Pain Tracker

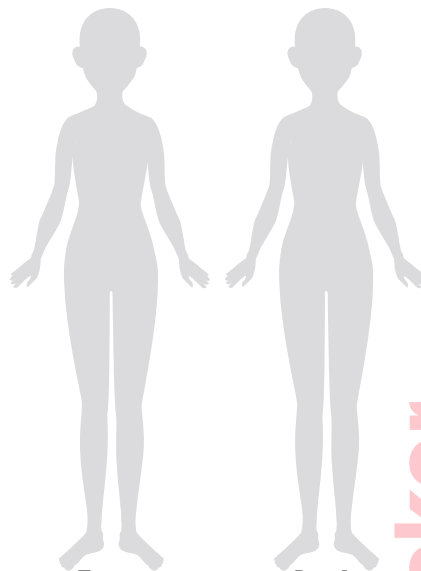
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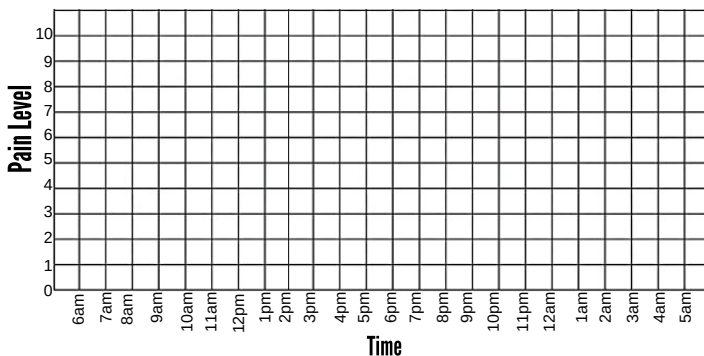
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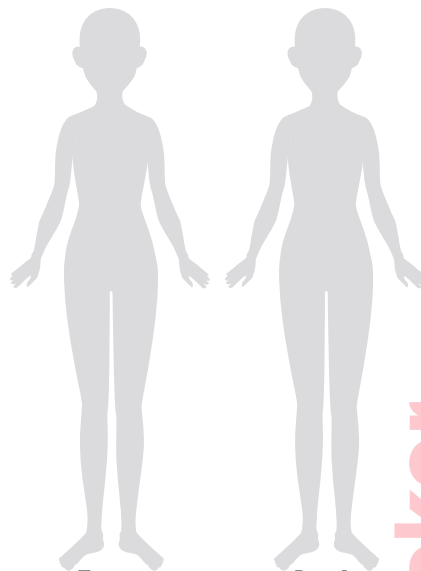
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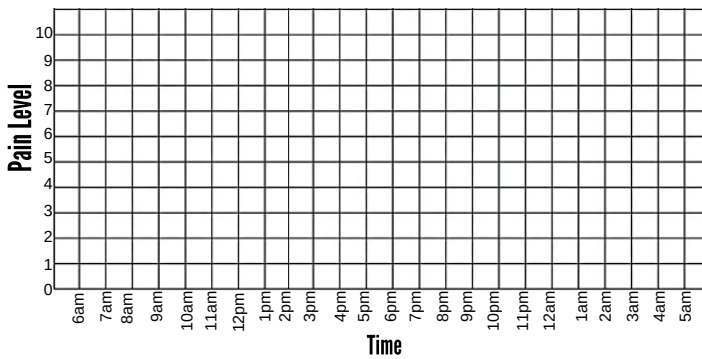
Tips & Triggers

NOTES:

Symptom & Pain Tracker

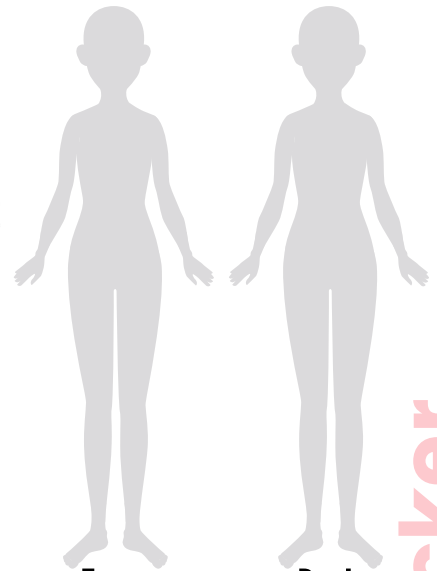
Pelvic Pain Numerical Rating Scale

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Void Log

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Frequency _____

Pain with Urination? Yes/No (Circle one)

Stool Log

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Tips & Triggers

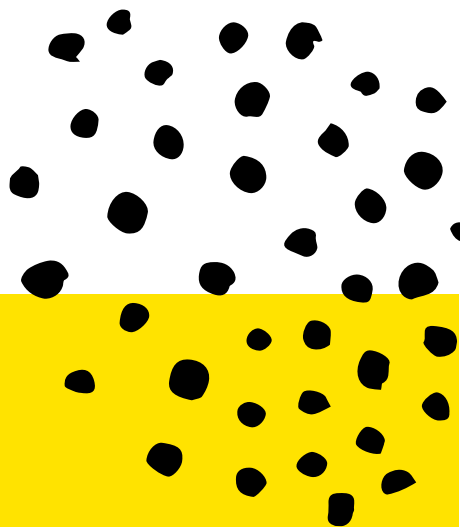
NOTES:

Symptom & Pain Tracker


























Diet & Water Intake Log












































*FOOD SENSITIVITIES &
WATER INTAKE*






























Food Reaction Journal & Water Log

	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
TUESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
WEDNESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
THURSDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
FRIDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SATURDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SUNDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>





















Food Reaction Journal & Water Log

	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
TUESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
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Food Reaction Journal & Water Log

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MONDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
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WEDNESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
THURSDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
FRIDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SATURDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SUNDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>

Food Reaction Journal & Water Log

	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
TUESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
WEDNESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
THURSDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
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SATURDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SUNDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>

Food Reaction Journal & Water Log

	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
TUESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
WEDNESDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
THURSDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
FRIDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SATURDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>
SUNDAY	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>	<div><input type="checkbox"/> Bloat <input type="checkbox"/> Nausea <input type="checkbox"/> Pain</div> <div> </div>



MY PERSONAL ENDO DIET

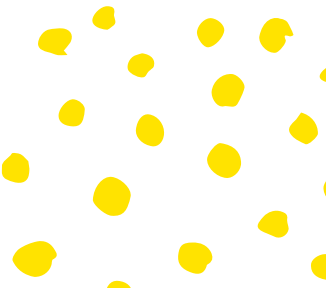
Happy Belly Foods



OK (in moderation)



Trigger Foods

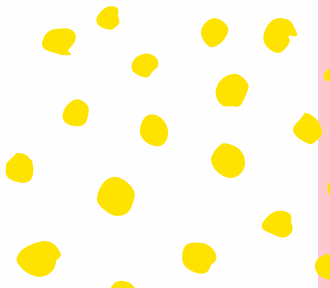




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GROCERY LIST

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