

# MY DIS-EASE JOURNAL

MONTH:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pelvic Pain																															
Lower Back Pain																															
Stomach/Abdomen Pain																															
Bleeding (spotting)																															
Bleeding																															
Bleeding (Heavy)																															
Pain during Sex																															
Painful bowel movement																															
Constipation																															
Painful urination																															
Bloating																															
Fatigue																															
Nausea/Vomiting																															
Feeling sick or faint																															
Debilitating pain*																															
OTHER SYMPTOMS																															
MEDICATION / TREATMENT																															

**INSTRUCTIONS:**

1. You can start your journal on any day of the month you wish, but try to fill out your journal every day - as you're experiencing your symptoms.
2. Tick the symptoms you experience on each corresponding day.
3. Under 'Other Symptoms, write down what they are?

4. Under 'Medication / Treatment' write down what medication you took and/or what you did to relieve the pain (eg.paracetamol or hot water bottle).
5. \*Debilitating pain stops you from being able to function in your usual way eg. You had to take a day off work or school, or you missed a social engagement etc.
6. **Bring your completed journal when you see your Doctor!**