SYMPTOM & HEALTH TRACKING LOG

Use this form to document changes and share helpful details with family members or a healthcare provider.

Name: _____ **Date:** _____ **Caregiver:** _____

VITALS

Blood Pressure: ____ / ____	Blood Sugar: _____	Temperature: _____	Heart Rate: _____
Pain Level 0-10: _____	Oxygen, if used: _____	Weight, if needed: _____	Time checked: _____

SYMPTOMS - CHECK ALL THAT APPLY

■ Headache	■ Dizziness	■ Confusion	■ Shortness of breath
■ Chest discomfort	■ Swelling	■ Tingling/numbness	■ Fatigue
■ Fever/chills	■ Nausea/vomiting	■ Weakness	■ Wound/skin concern
Swelling location: _____	**Pain location:** _____	**Other:** _____	**Started:** _____

BEHAVIOR / MENTAL STATUS

■ Normal
■ More tired
■ Confused
■ Agitated
■ Withdrawn

Notes:

_____
_____

FOOD & FLUID INTAKE

Breakfast: _____
Lunch: _____
Dinner: _____
Fluids today: _____ cups

Appetite: ■ Normal ■ Less ■ More
Hydration concern? ■ Yes ■ No

MEDICATIONS

Taken as prescribed? ■ Yes ■ No
Side effects noticed: _____
Medication changes today: _____

EVENTS / CHANGES

Falls or near-falls? ■ Yes ■ No
New symptoms: _____
What helped today: _____

WHAT HAPPENED / WHAT CHANGED?

_____
_____
_____

WHEN TO CALL FOR HELP

Call 911 for chest pain, trouble breathing, stroke signs, fainting, seizure, severe headache, serious fall/head injury, or blood pressure over 180/120 with serious symptoms. Call the doctor for new or worsening symptoms, medication side effects, swelling, wounds, appetite/sleep changes, or when something feels not right.

Educational tool only. This form does not replace medical advice, diagnosis, treatment, or emergency care. Care Now Private Duty Care provides non-medical support.