

If you suspect you might have endometriosis, or have already been diagnosed, it may be helpful to keep a record of your symptoms. This could be to help you have a conversation with a GP or to help you figure out what works best for you in terms of managing your symptoms.

This one month diary will allow you to track which days you experienced symptoms, what those symptoms were and their severity. We've also added some space at the end of each page for you to make notes on how you felt overall that week, treatments you tried and any impact on your day-to-day life.

You don't need to keep a diary for a month. You could track your symptoms for just a week, or you could track them for a few months. It's completely up to you.

Just download a new copy of the diary here if you've completed this one.

If you want to use this diary to help you have a conversation with a GP, it's a good idea to also make a note of:

How long you've been experiencing your symptoms:

And when was your last period:



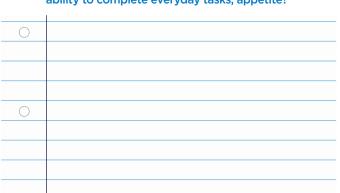
Week beginning Week one How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with) Day of the week Pelvic pain (in Period pain Pain during or Pain when Heavy period Tiredness and Bleeding (if not Diarrhoea and/ Feeling sick A bloated Are you on your period? the tummy and/ after sex peeing or low energy on period) or constipation tummy or lower back) pooing



Week beginning DDDMMYY

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with) Day of the week Pelvic pain (in Period pain Pain during or Pain when Heavy period Tiredness and Bleeding (if not Diarrhoea and/ Feeling sick A bloated Are you on your period? the tummy and/ after sex peeing or low energy on period) or constipation tummy or lower back) pooing Overall, how did you feel this week eg did you feel Did you take any medication/have any treatments Did any of your symptoms particularly affect your positive, productive, drained, low, sad, happy? to try and help ease any of your symptoms? day-to-day life eg work, education, relationships, How did it affect you? ability to complete everyday tasks, appetite?





Week three

Week beginning



	How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)										
Day of the week	Are you on your period?	Pelvic pain (in the tummy and/ or lower back)	Period pain	Pain during or after sex	Pain when peeing or pooing	Heavy period	Tiredness and low energy	Bleeding (if not on period)	Diarrhoea and/ or constipation	Feeling sick	A bloated tummy
M											
T											
w											
T											
F											
S											
S											



Overall, how did you feel this week eg did you feel positive, productive, drained, low, sad, happy?



Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?



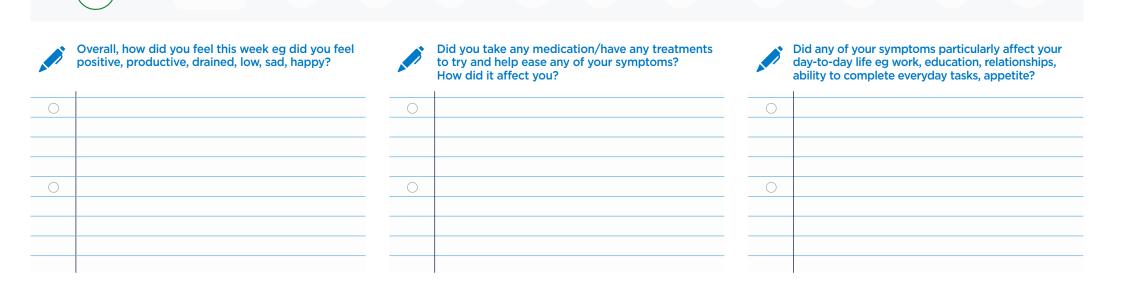
Did any of your symptoms particularly affect your day-to-day life eg work, education, relationships, ability to complete everyday tasks, appetite?

\bigcirc	
\bigcirc	

	I		
\bigcirc			
\bigcirc			

\bigcirc	
\bigcirc	

Week beginning **Week four** How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with) Day of the week Pelvic pain (in Period pain Pain during or Pain when Heavy period Tiredness and Bleeding (if not Diarrhoea and/ Feeling sick A bloated Are you on your period? the tummy and/ after sex peeing or low energy on period) or constipation tummy or lower back) pooing



Week beginning D D M M Y Y Y Y How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptoms on a scale of 0 to 10?)

		How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)										
Day o	of the week	Are you on your period?	Pelvic pain (in the tummy and/ or lower back)	Period pain	Pain during or after sex	Pain when peeing or pooing	Heavy period	Tiredness and low energy	Bleeding (if no on period)	ot Diarrhoea and/ or constipation	Feeling sick	A bloated tummy
	M											
(T											
	W											
ı	T											
	F											
	S											
	S											
	Overall, how did you feel this week eg did you feel positive, productive, drained, low, sad, happy?			eel	to try and	ke any medi help ease ar affect you?	cation/have an	y treatments otoms?	Di da ab	d any of your sympt y-to-day life eg wor ility to complete ev	oms particular k, education, re eryday tasks, a	ly affect your elationships, ppetite?
0									0			
\circ									0			

