

For women's health.
For Living



Endometriosis symptoms diary.

We've created this handy diary to help you track your symptoms, whether you've been diagnosed with endometriosis or think you may have it.

For more information on endometriosis, visit bupa.co.uk/womens-health/endometriosis-support

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 one

Week beginning

D	D	M	M	Y	Y	Y	Y
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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	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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F	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Overall, how did you feel this week eg did you feel positive, productive, drained, low, sad, happy?

<input type="radio"/>	
<input type="radio"/>	



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

<input type="radio"/>	
<input type="radio"/>	



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

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<input type="radio"/>	

Week two

Week beginning

D	D	M	M	Y	Y	Y	Y
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<input type="radio"/>	

Week three

Week beginning

D	D	M	M	Y	Y	Y	Y
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S	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Week four

Week beginning

D	D	M	M	Y	Y	Y	Y
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Week five

Week beginning

D	D	M	M	Y	Y	Y	Y
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