

How to use these trackers

We have designed these trackers to help you to keep a record of your periods, ovulation, and symptoms related to endometriosis as well as track your wellbeing on a daily basis. Tracking symptoms, pain, wellbeing, and what you eat can be a good way to communicate with health professionals what you are experiencing as well as uncover potential triggers that cause pain and other symptoms.

Please keep in mind that how you track your symptoms and pain needs to work for you, whether that's using these templates, making handwritten notes on a plain piece of paper, or using an app.

You can take these trackers to your next appointment with your GP or gynaecologist to help you explain your symptoms and pain.

MONTHLY SYMPTOM TRACKER

Symptoms related to endometriosis are on this tracker, the first page lists pain symptoms, and the second page other common symptoms. When tracking your pain, use Andrea Mankoski's pain scale (see page 3)

You might like to print out a few copies to fill out over 2-3 months, this will enable you to see if any of your symptoms are cyclical, which is often the case for those with endometriosis.

You don't need to start the tracker on the first day of the month, just start whenever you are ready.

DAILY WELL-BEING TRACKER

Check-In and Mood Sections

When using the 0-10 scale, 0 represents no tiredness / brain fog / discomfort / depression / PMS / anxiety and 10 represents the worst.

Meals Section

If you suspect there are certain foods that trigger your symptoms you could use the meals section in the daily wellbeing tracker as a meal planner and the food and symptom tracker to record in more detail the symptoms you are experiencing after eating.

Notes Section

Use the notes section to write down any other thoughts and feelings from the day.

DAILY PAIN TRACKER

This tracker is beneficial to track in more detail the types of pain you experience and the impact the pain has on you on a daily basis. You can indicate where on your body you are experiencing pain and rate your pain, using Andrea Mankoski's pain scale.

You can also use this tracker to list the pain medications you take and pain management techniques you try to relieve your pain.

Notes Section

Use the notes section to record details about your pain. You could do this morning, noon, and night or once at the end of each day. Include:

- what you were doing when your pain began
- your mood and how you were feeling when you experienced pain
- any other thoughts about your pain

FOOD AND SYMPTOM TRACKER

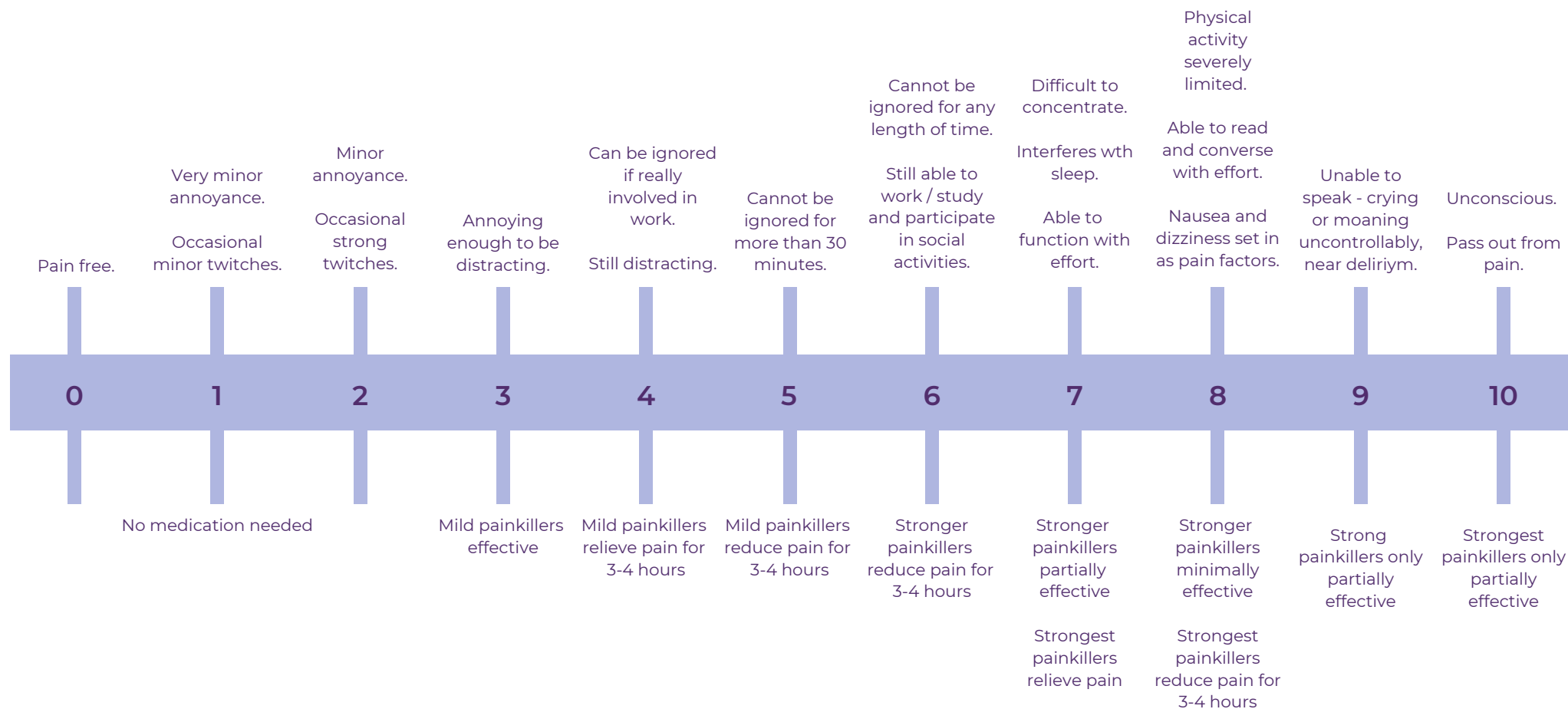
This tracker is ideal if you suspect that something you are eating is triggering your symptoms.

Make sure you write down the ingredients, as well as any medications or vitamins as these may contain ingredients that are triggering your symptoms. Remember to include additives such as food colouring and preservatives. Processed foods may have a lot of food colourings and preservatives and be hard work to record, but these may be the foods that are problematic for you.

Note the symptoms you experience and any other notes you would like to make.

It may take 4-6 weeks for a clear pattern to emerge.

Andrea Mankoski's Pain Scale



Monthly Symptom Tracker

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 |
|---------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Bleeding days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ovulation days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain during intercourse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain after intercourse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pelvic pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower back pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shooting pains down the legs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain during or around ovulation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Painful urination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Painful bowel movement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Rate your level of pain each day using Andrea Mankoski's pain scale

Monthly Symptom Tracker

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 |
|------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Frequent urination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Constipation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diarrhoea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bloated abdomen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premenstrual spotting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Constant tiredness / fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depression / low mood / PMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anxiety | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pain medications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Tick the days that you experience these symptoms.



Write in any other symptoms that you think might important and tick the days that you had them.



Write in any pain medications that you take and write the quantity taken on the days that you used them to help relieve your pain.

Daily Pain Tracker



M T W T F S S



Rate the types of pain you experience using Andrea Mankoski's pain scale.



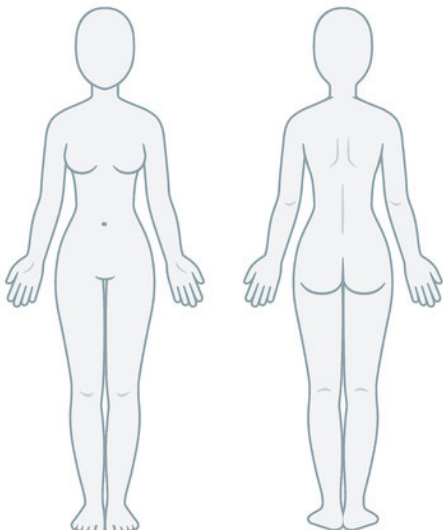
Indicate how long the pain lasts.



The affect your pain has on you relates to the areas of your life impacted such as:

- Work
- Study
- Productivity
- Intimacy
- Social Life
- Travel
- Mental Health
- Sleep
- Exercise
- Food Intake

Where is your pain?



Describe and rate your pain

Aching

0 1 2 3 4 5 6 7 8 9 10

How long does this pain last?

What affect does this pain have?

Aching

0 1 2 3 4 5 6 7 8 9 10

How long does this pain last?

What affect does this pain have?

Aching

0 1 2 3 4 5 6 7 8 9 10

How long does this pain last?

What affect does this pain have?

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Aching

0 1 2 3 4 5 6 7 8 9 10

How long does this pain last?

What affect does this pain have?

Daily Pain Tracker



M T W T F S S

[illegible]

List any pain medications that you take and in the relevant time box write the quantity taken.

Write down any other pain management techniques you have tried to relieve pain.

These can be:

- Heat (bath, wheat bag, hot water bottle)
- TENS Machine
- Aromatherapy
- Relaxation Techniques (meditation, deep breathing, guided relaxations, visualisation, positive affirmations)
- Self-hypnosis
- Distraction
- Acupuncture
- Physiotherapy
- Osteopathy
- Massage



Tick what time you tried the other pain management techniques.



Notes

[illegible]

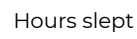
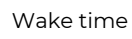
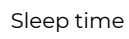
insight
ENDOMETRIOSIS

Daily Wellbeing Tracker



M T W T F S S

Sleep



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Check In

Notes

Mood

Notes

Meals

L

D

S

Water



Daily Food and Symptom Tracker



M T W T F S S

| | Time | Food & Drink | Medicines & Vitamins | Symptoms | Notes |
|-----------|------|--------------|----------------------|----------|-------|
| Breakfast | | | | | |
| Snack | | | | | |
| Lunch | | | | | |
| Snack | | | | | |
| Dinner | | | | | |
| Snack | | | | | |

Safe Foods

Suspect Foods