ENDOMETRIOSIS FLARE-UP SYMPTOM TRACKER

Use this form to record what you are experiencing during a flare. Bring or send it to your care team when helpful.

Date: _____ **Time flare began:** _____ **Current time:** _____

Where are you in your menstrual cycle, if known?

- ☐ Period
- ☐ Before period
- ☐ After period
- ☐ Ovulation
- ☐ Unsure
- ☐ Not applicable

PAIN

Where are you having pain? Check all that apply.

- ☐ Lower abdomen/pelvis
- ☐ Right side
- ☐ Left side
- ☐ Lower back
- ☐ Rectum
- ☐ Bladder area
- ☐ Legs/hips
- ☐ Upper abdomen
- ☐ Shoulder/chest
- ☐ Other

Other location: _____

Current pain level (0 = no pain, 10 = worst pain imaginable):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Worst pain during this flare: _____ /10

What does the pain feel like?

- ☐ Cramping
- ☐ Aching
- ☐ Sharp/stabbing
- ☐ Burning
- ☐ Pressure/fullness
- ☐ Throbbing
- ☐ Pulling/tightness
- ☐ Other

Other description: _____

Is this pain typical for your usual endometriosis flares? ☐ Yes ☐ No ☐ Not sure

Is the pain sudden, new, or different from your usual symptoms? ☐ No ☐ Yes

If yes, describe: _____

BLEEDING

Are you experiencing vaginal/menstrual bleeding?

☐ No ☐ Spotting ☐ Light ☐ Moderate ☐ Heavy ☐ Uncontrolled

Passing clots? ☐ No ☐ Yes **Approximate size:** ☐ Small ☐ Quarter-sized ☐ Larger

Bleeding is: ☐ Typical for me ☐ Heavier than usual ☐ Unusual for me

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Bowel, bladder, associated symptoms and possible triggers

BOWEL & BLADDER CHANGES

Bowel symptoms:

- ☐ None
- ☐ Diarrhea
- ☐ Pain with bowel movement
- ☐ Bloating/gas
- ☐ Other
- ☐ Constipation
- ☐ Urgency
- ☐ Rectal pressure
- ☐ Blood in stool

Other bowel symptom: _____

Bladder symptoms:

- ☐ None
- ☐ Urgency
- ☐ Difficulty urinating
- ☐ Blood in urine
- ☐ Urinary frequency
- ☐ Pain/burning with urination
- ☐ Bladder pressure/pain
- ☐ Other

Other bladder symptom: _____

OTHER SYMPTOMS

- ☐ Nausea
- ☐ Fever
- ☐ Dizziness/lightheadedness
- ☐ Fatigue
- ☐ Shortness of breath/difficulty breathing
- ☐ Weakness
- ☐ Other
- ☐ Vomiting
- ☐ Chills
- ☐ Fainting/near fainting
- ☐ Brain fog/confusion
- ☐ Headache
- ☐ Abdominal rigidity/rigid abdomen

Other symptom: _____

Temperature, if checked: _____ °F Number of vomiting episodes: _____

Are you able to keep fluids down? ☐ Yes ☐ No

POSSIBLE TRIGGERS

Did anything seem to happen before this flare began?

- ☐ Menstrual cycle
- ☐ Physical activity/exercise
- ☐ Stress
- ☐ Certain food or meal
- ☐ Constipation/bowel changes
- ☐ Missed or changed medication
- ☐ No obvious trigger
- ☐ Ovulation
- ☐ Sexual activity
- ☐ Lack of sleep
- ☐ Alcohol
- ☐ Travel
- ☐ Recent procedure/surgery
- ☐ Other

Other trigger: _____

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What you tried, how the flare is affecting you, and when to seek urgent care

TRIGGER DETAILS

Possible food/environmental trigger: _____

Anything else that may have contributed? _____

WHAT HAVE YOU ALREADY TRIED?

- ☐ Rest
- ☐ Ice
- ☐ Gentle stretching
- ☐ Relaxation/breathing exercises
- ☐ Over-the-counter pain medication
- ☐ Bowel medication
- ☐ Heating pad
- ☐ Hydration/electrolytes
- ☐ Walking/movement
- ☐ Prescription medication
- ☐ Anti-nausea medication
- ☐ Other

Other: _____

Medication/product used: _____ Dose: _____

Time taken: _____ **Did it help?** ☐ Not at all ☐ A little ☐ Moderately ☐ A lot

HOW IS THE FLARE AFFECTING YOU?

- ☐ Work/school
- ☐ Sleep
- ☐ Drinking fluids
- ☐ Exercise
- ☐ Caring for myself/others
- ☐ Walking or standing
- ☐ Eating
- ☐ Using the bathroom
- ☐ Driving
- ☐ Normal daily activities

Compared with when the flare began, my symptoms are:

☐ Improving ☐ About the same ☐ Getting worse ☐ Rapidly worsening

Additional notes:

SEEK URGENT MEDICAL CARE

- Fainting (passing out) or near-fainting
- Severe chest pain or significant difficulty breathing
- New confusion or severe brain fog
- Persistent vomiting or inability to keep fluids down
- Fever with worsening pelvic or abdominal pain
- Blood in vomit or stool
- Uncontrolled/heavy menstrual bleeding
- Sudden, new, or significantly different pain
- Severe or unbearable abdominal/pelvic pain
- A rigid, hard, or board-like abdomen

If symptoms feel life-threatening, call 911 or your local emergency service.