

DetecTogether

HEALTH TRACKER

	MONTH 3: (Month, Day, Year)	MONTH 6: (Month, Day, Year)	MONTH 9: (Month, Day, Year)	MONTH 12: (Month, Day, Year)
Q 1: Do you get an annual physical?	Date of last appointment	Date of last appointment	Date of last appointment	Date of last appointment
Q 2: How is your energy level today?	Note below	Note below	Note below	Note below
Very high				
High				
Average				
A bit low				
Low				
Q 3: How is your physical strength today?	Note below	Note below	Note below	Note below
Really strong				
Pretty strong				
Not strong at all				
Q 4: How many bowel movements do you have a day?	Note below	Note below	Note below	Note below
Less than 1 time a day				
1 time a day				
2-3 times a day				
3+ times a day				
Q 5: Over the past month, how has your appetite been?	Note below	Note below	Note below	Note below
Increased				
Decreased				
Stayed the same				
Q 6: Have you experienced a change in weight?	Note below	Note below	Note below	Note below
Increased, by how much				
Decreased, by how much				
Maintained				
Q 7: Have you noticed any skin changes?	Note below	Note below	Note below	Note below
Where on body?				
When did you notice it?				
Describe change				
Q 8: Have you experienced new physical pain?	Note below	Note below	Note below	Note below
1= no pain to 10= worst pain				
Q 9: Have you noticed any new lumps or bumps?	Note below	Note below	Note below	Note below
Where on body?				
Swelling/thickening of neck?				
Q 10: Have you experienced the following symptoms for 2+ wks.?	Note any below	Note any below	Note any below	Note any below
New cough, sore throat, excess sweating, chills, fever, headaches, vision changes, rashes/itchy skin, blood in urine/stool, trouble swallowing, bruising easily, changes in menstrual cycle				
Q 11: Do you know your family's health history?	Learn more			