ENDODAD76 · HUMAN FIRST

Endometriosis symptom & pain tracker

Your pain is not a courtroom argument. This tracker helps make the pattern visible.

A practical download from Mike Baker HQ

Companion to Believe Her the First Time by Mike Baker

BELIEVE HER THE FIRST TIME

How to use this tracker

Use it for two to four weeks, or through a full cycle if that is useful to you. Record what happened, how much it disrupted your life, and what helped. You are collecting evidence for yourself - not proving that your pain is real.

The point

A pattern is easier to discuss than a memory assembled under pressure. Bring completed pages to an appointment if you want to.

0 = none · 1-3 = mild · 4-6 = moderate · 7-8 = severe · 9-10 = unbearable

A useful boundary

This resource helps you notice patterns, prepare for conversations, and ask for care. It is not medical advice, a diagnostic test, or a substitute for a qualified healthcare professional. If symptoms are severe, sudden, frightening, or feel like an emergency, seek urgent medical help.

HEALTH INFORMATION SOURCES

Prepared with reference to current patient guidance from the American College of Obstetricians and Gynecologists (ACOG), the U.S. Office on Women's Health, the NHS, and The Menopause Society. Accessed July 2026.

acog.org/womens-health/faqs/endometriosis · womenshealth.gov/menopause · nhs.uk/conditions/menopause-and-perimenopause · menopause.org/patient-education

Daily symptom record

DATE / CYCLE DAY / PERIOD DAY

SYMPTOMS TODAY

- □ Pelvic pain
- □ Period pain
- □ Pain during/after sex
- □ Back or leg pain
- □ Pain with bowel movements
- □ Pain with urination
- □ Heavy bleeding
- □ Bleeding between periods
- □ Bloating
- □ Nausea
- □ Constipation
- □ Diarrhea
- □ Fatigue
- □ Headache/migraine
- □ Low mood/anxiety
- □ Difficulty concentrating

PAIN SCORE (0-10) AND WHERE IT WAS

BLEEDING OR DISCHARGE

SLEEP / ENERGY / MOOD

MEDICATION, HEAT, MOVEMENT, FOOD, REST OR OTHER SUPPORT USED

WHAT HELPED? WHAT MADE IT WORSE?

Impact matters

Symptoms do not have to be dramatic to be disruptive. Mark what changed because of them.

- □ Missed work or school
- □ Changed or canceled plans
- □ Needed help with care tasks
- □ Could not exercise or move normally
- □ Sleep interrupted
- □ Sex or intimacy affected
- □ Eating or digestion affected
- □ Needed to lie down
- □ Could not concentrate
- □ Felt dismissed or not believed

WHAT COULD I NOT DO, OR ONLY DO WITH DIFFICULTY?

WHAT DID I PUSH THROUGH THAT OTHERS COULD NOT SEE?

ONE THING I WANT MY CLINICIAN TO UNDERSTAND

Pattern summary

DATES COVERED

MY THREE MOST DISRUPTIVE SYMPTOMS

TIMING OR CYCLE PATTERNS I NOTICED

POSSIBLE TRIGGERS OR WARNING SIGNS

WHAT CONSISTENTLY HELPED

TREATMENTS TRIED AND WHAT HAPPENED

MY PRIORITY FOR THE NEXT APPOINTMENT