

Natural Remedy Symptom Tracker

Date: _____

WHAT ARE YOU TRACKING TODAY?

Primary condition or focus:

Symptoms present (circle or list):

Congestion Cough Aches Headache Nausea Bloating

Rash Fatigue Brain fog Infection signs Other: _____

Severity today (1–10): _____ Energy level: _____

New or worsening symptoms:

REMEDIES USED TODAY

☐ Oil of Oregano ☐ Garlic ☐ Elderberry ☐ Ginger

☐ Black Seed Oil ☐ Apple Cider Vinegar ☐ Propolis

☐ Herbal Teas ☐ Echinacea ☐ Other: _____

Form used:

☐ Capsule ☐ Tea ☐ Tincture ☐ Oil ☐ Steam ☐ Topical

Doses & times taken today:

Immediate effects or reactions:

SUPPLEMENTS & VITAMINS

☐ Vitamin C ☐ Zinc ☐ Magnesium ☐ D3/K2
☐ Multivitamin ☐ Probiotics ☐ Other: _____

Times and amounts:

FOOD & HYDRATION

What you ate and drank today:

☐ Clean eating ☐ Avoided sugar/dairy/gluten
☐ Hydrated well (cups): _____

EMOTIONAL STATE & STRESS LEVELS

Mood today (circle):

Calm Sad Tired Anxious Angry Clear Grateful Other: _____

Stress triggers or emotional blocks:

Did you do anything to support healing emotionally?

☐ Journaling ☐ Walk ☐ Nature ☐ Breathwork

☐ Meditation ☐ Spiritual practice ☐ Other: _____

SLEEP & OVERALL RECOVERY

☐ Slept well ☐ Restless ☐ Night sweats ☐ Woke up often

Hours slept: _____ Sleep quality (1–10): _____

NOTES / OBSERVATIONS / TRACKED REACTIONS
