

PATRIOT SUMMIT

VETERAN RESOURCES

Symptom & activity tracker

Record accurate observations, including better days. Mark estimates clearly. Print more copies as needed.

Reference / initials: _____ Date: _____

Entry 1 | Date: _____ Time: _____

Symptom / condition and what happened:

Frequency / duration (include start and end if known):

Effect on work, sleep, movement, or other daily activities:

Treatment / medication and response, if any:

Entry 2 | Date: _____ Time: _____

Symptom / condition and what happened:

Frequency / duration (include start and end if known):

Effect on work, sleep, movement, or other daily activities:

Treatment / medication and response, if any:

Entry 3 | Date: _____ Time: _____

Symptom / condition and what happened:

Frequency / duration (include start and end if known):

Effect on work, sleep, movement, or other daily activities:

Treatment / medication and response, if any:

Describe what you actually experienced. This log is not a diagnosis, rating calculator, or official VA form. Continue medical care as directed by your clinician.

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Treatment & appointment notes

Use this page alongside your symptom log. Keep copies of relevant records and correspondence.

Reference / initials: _____ Date: _____

Treatment / appointment tracker

Date	Provider / facility	Visit / treatment	Follow-up / record

Questions to discuss / changes since your last visit

Official evidence guidance - reviewed October 17, 2026

<https://www.va.gov/disability/how-to-file-claim/evidence-needed/>

This worksheet organizes your notes. It does not replace medical records or any claim-specific evidence requirements. Nothing written on the downloaded worksheet is sent to this website.