

# Flare Free Math

## Autoimmune Symptom Tracker

Date \_\_\_\_\_

Mo Tu We Th Fr Sa Su

**Pre-Meal Pain Level (1-10):**

**Pre-Meal Mood Check-In:** Right now, I'm feeling:



Great



Good



Okay



Not good



Awful

**Pre-Meal Symptom Checklist** (please check all that apply):

Fatigued/Tired

Headaches/Migraines

Joint Pain/Heat/Swelling

Energized

Skin Rashes/Hives

Digestive Issues

None of the Above

Other (Please specify):

**Meal I am indulging in right now:**

**Potential flare ingredients I am monitoring:**

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**Post-Meal Pain Level (1-10):**

**Post-Meal Mood Check-In:** Right now, I'm feeling:



Great



Good



Okay



Not good



Awful

**Post-Meal Symptom Checklist** (please check all that apply):

Fatigued/Tired

Headaches/Migraines

Joint Pain/Heat/Swelling

Energized

Skin Rashes/Hives

Digestive Issues

None of the Above

Other (Please specify):

Notes

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