

LC-FAOD Symptom Tracker

Tracking symptoms shows how you are doing over time

VISIT FAOD IN FOCUS FOR
MORE INFORMATION

FAODinfofocus.com



How to track your symptoms:

- With your healthcare professional, write down the symptoms you are tracking. Please use one color per symptom to help with monitoring.
- Each month, note the date and add a sticker or a short note about your LC-FAOD-related symptom or event. Use the following pages to add more details about your symptoms.
- Use this tracker to share with your healthcare team(s) how you are tracking over time.

FAOD IN FOCUS LC-FAOD Symptom Tracker Calendar

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Notes:

Symptom Stickers: Select the digital sticker matching your legend. Shift + click ctrl/command C (copy)/V (paste) on your keyboard. Drag to desired space.

DOCUMENT INSTRUCTIONS SYMPTOM COLOR LEGEND IMPORTANT INFORMATION

1 Customize each calendar to the desired month

Use color legend to fill in your symptoms

3 Use the matching sticker to mark the date of your experienced symptom.
(Select the 'edit' option in your document. Select digital sticker, right click copy + paste on your keyboard to duplicate. Move sticker to desired day)

4 Use these pages to add more details about your symptoms

FAOD IN FOCUS LC-FAOD Symptom Tracker

MONTH: _____

Date of symptom: _____

What was the suspected trigger? _____ **Where in the body was this experienced?** _____

How long did it last? _____ **How did you address this symptom?** _____

How severe was this symptom? (1 = not that bad, 5 = very bad) _____

How often was this symptom? (1 = not that often, 5 = very often) _____

How long did it last? _____ **How did you address this symptom?** _____

How severe was this symptom? (1 = not that bad, 5 = very bad) _____

How often was this symptom? (1 = not that often, 5 = very often) _____

Symptom Stickers: Select the digital sticker matching your legend. Shift + click ctrl/command C (copy)/V (paste) on your keyboard. Drag to desired space.

DOCUMENT INSTRUCTIONS SYMPTOM COLOR LEGEND IMPORTANT INFORMATION

5 Be sure to make note of any hospital/ER visits

6 Use the quick menu to jump to reference pages

Use the additional information pages to track upcoming appointments and record important contacts
This can be filled out at home or with your healthcare professional

With your healthcare professional, use the space below to identify the symptoms you are tracking:

● Muscle pain (example symptom)

● _____

● _____

● _____

● _____

● _____

● _____

● _____

With your healthcare professional, list the symptoms or events (i.e. ER visit, rhabdomyolysis) that will require you to contact your healthcare team immediately:

• _____

• _____

• _____

• _____

• _____

FAOD IN FOCUS LC-FAOD Symptom Tracker

Your information:

NAME: _____ DATE: _____ TIME: _____

PHONE: _____ DATE: _____ TIME: _____

EMAIL: _____ DATE: _____ TIME: _____

Please select which type of LC-FAOD you have:

☒ CPT I ☐ CACT ☐ CPT II

☐ VLCAD ☐ TPP ☐ LCHAD

Upcoming appointments:

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

Important contact information:

DOCTOR

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

NURSE

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

DIEETITIAN

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

AFTER HOURS CONTACT

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

DOCUMENT INSTRUCTIONS SYMPTOM COLOR LEGEND IMPORTANT INFORMATION

About LC-FAOD

Long-chain fatty acid oxidation disorders (LC-FAOD) are a group of rare, genetic disorders that prevent the body from breaking down long-chain fatty acids into energy.

People with LC-FAOD often have weak or sore muscles, trouble moving or exercising, low blood sugar, heart problems (like a weak heart or irregular heartbeat), liver problems, tiredness or feeling very weak after activity.

Lifestyle considerations

Some life events may impact energy balance, such as exercising more vigorously or often, taking up a new hobby, experiencing an illness, or increased stress.

LC-FAOD symptoms may include:

- Muscle or nerve pain
- Muscle weakness
- Shortness of breath
- Adjustment of diet
- Low blood sugar
- Sleepiness or feeling tired
- Irregular heartbeats or chest pain
- Dark urine (coke- or tea-colored)
- Nausea/vomiting
- Generalized weakness

With your healthcare professional, use the space below to identify the symptoms you are tracking:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

With your healthcare professional, list the symptoms or events (i.e ER visit, rhabdomyolysis) that will require you to contact your healthcare team immediately:

- _____
- _____
- _____
- _____
- _____

Your information:

NAME: _____

PHONE: _____

EMAIL: _____

Please select which type of LC-FAOD you have:

CPT I

CACT

CPT II

VLCAD

TFP

LCHAD

Upcoming appointments:

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

Important contact information:

DOCTOR

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

NURSE

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

DIETITIAN

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

AFTER HOURS CONTACT

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes: _____

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



MONTH: _____

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

☐
Date of symptom:

What was the suspected trigger?
Where in the body was this experienced?
How long did it last?
How did you address this symptom?
How severe was this symptom?
(1 = not that bad, 5 = very bad)
1 2 3 4 5 This symptom resulted in a hospital/ER visit

Symptom Stickers:

Select the digital sticker matching your legend.
Shift + click ctrl/command C (copy)/V (paste)
on your keyboard. Drag to desired space.



LC-FAOD Symptom Tracker

Tracking symptoms shows how you are doing over time

How to use this symptom tracker

Save it on your mobile phone or tablet

Keeping your symptom tracker with you will ensure you can document symptoms as they present

Share it electronically with your healthcare team(s)

This symptom tracker will help fill in the gaps between your appointments so that your healthcare team(s) is informed about how you are doing

Add notes that reflect how you're feeling

Short entries about your pain levels, triggers, and how you resolved the symptom(s) can provide helpful context when speaking with your healthcare team(s)



VISIT FAOD IN FOCUS FOR
MORE INFORMATION

FAODinfocus.com

Explore more resources

Living with long-chain fatty acid oxidation disorders (LC-FAOD) comes with unique challenges. Staying informed will help enable you to anticipate and meet those challenges.



FAODinfocus.com/resources

[DOCUMENT INSTRUCTIONS](#)

[SYMPTOM COLOR LEGEND](#)

[IMPORTANT INFORMATION](#)