

CPPS Daily Log

Daily symptom tracking for chronic pelvic pain syndrome. Record pain locations, severity, and context for each day. Designed around the three CPPS symptom domains: pain, urinary symptoms, and quality of life.

Week of: _____ Name: _____

Pain & Urgency scale:	0	1	2	3	4	5	6	7	8	9	10
	none					moderate					severe

Pain location <i>circle all that apply</i>	Pain (0-10)	Urgency (0-10)	Bathroom trips	Stress (0-10)	Sleep (0-10)	Activity level	Notes
---	-------------	----------------	----------------	---------------	--------------	----------------	-------

Day 1 Date: _____ Day of week: _____

<input type="checkbox"/> Perineum <input type="checkbox"/> Scrotum / testes <input type="checkbox"/> Lower abdomen <input type="checkbox"/> Low back <input type="checkbox"/> Rectum <input type="checkbox"/> Tip of penis <input type="checkbox"/> Other: _____						<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active	
--	--	--	--	--	--	--	--

Overall day quality of life impact (0-10, 0 = no impact): _____

Day 2 Date: _____ Day of week: _____

<input type="checkbox"/> Perineum <input type="checkbox"/> Scrotum / testes <input type="checkbox"/> Lower abdomen <input type="checkbox"/> Low back <input type="checkbox"/> Rectum <input type="checkbox"/> Tip of penis <input type="checkbox"/> Other: _____						<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active	
--	--	--	--	--	--	--	--

Overall day quality of life impact (0-10, 0 = no impact): _____


Day 3 Date: _____ Day of week: _____

<input type="checkbox"/> Perineum <input type="checkbox"/> Scrotum / testes <input type="checkbox"/> Lower abdomen <input type="checkbox"/> Low back <input type="checkbox"/> Rectum <input type="checkbox"/> Tip of penis <input type="checkbox"/> Other: _____						<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active	
--	--	--	--	--	--	--	--

Overall day quality of life impact (0-10, 0 = no impact): _____

Day 4 Date: _____ Day of week: _____

<input type="checkbox"/> Perineum <input type="checkbox"/> Scrotum / testes <input type="checkbox"/> Lower abdomen <input type="checkbox"/> Low back <input type="checkbox"/> Rectum <input type="checkbox"/> Tip of penis						<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active	
---	--	--	--	--	--	--	--



Scan to get Intero from the App Store

Intero
 More copies and other symptom tracking worksheets: getintero.app/forms

CPPS Daily Log – continued

Pain location <i>circle all that apply</i>	Pain (0–10)	Urgency (0–10)	Bathroom trips	Stress (0–10)	Sleep (0–10)	Activity level	Notes
Day 5 Date: _____ Day of week: _____							
<input type="radio"/> Perineum <input type="radio"/> Scrotum / testes <input type="radio"/> Lower abdomen <input type="radio"/> Low back <input type="radio"/> Rectum <input type="radio"/> Tip of penis <input type="radio"/> Other: _____						<input type="radio"/> Sedentary <input type="radio"/> Moderate <input type="radio"/> Active	
Overall day quality of life impact (0–10, 0 = no impact): _____							
Day 6 Date: _____ Day of week: _____							
<input type="radio"/> Perineum <input type="radio"/> Scrotum / testes <input type="radio"/> Lower abdomen <input type="radio"/> Low back <input type="radio"/> Rectum <input type="radio"/> Tip of penis <input type="radio"/> Other: _____						<input type="radio"/> Sedentary <input type="radio"/> Moderate <input type="radio"/> Active	
Overall day quality of life impact (0–10, 0 = no impact): _____							
Day 7 Date: _____ Day of week: _____							
<input type="radio"/> Perineum <input type="radio"/> Scrotum / testes <input type="radio"/> Lower abdomen <input type="radio"/> Low back <input type="radio"/> Rectum <input type="radio"/> Tip of penis <input type="radio"/> Other: _____						<input type="radio"/> Sedentary <input type="radio"/> Moderate <input type="radio"/> Active	
Overall day quality of life impact (0–10, 0 = no impact): _____							
Patterns to discuss with your provider							



Scan to get Intero from the App Store

Intero

More copies and other symptom tracking worksheets: getintero.app/forms