

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
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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	
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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	
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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	
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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"/> Other: _____						<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active	
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Overall day quality of life impact (0-10, 0 = no impact): _____



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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="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 6 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 7 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): _____							
Patterns to discuss with your provider							



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