

IC Ally – Daily Symptom & Flare Tracker

A comprehensive printable A4 worksheet designed specifically for adults living with Interstitial Cystitis and Bladder Pain Syndrome. This tracker helps you monitor symptoms, identify patterns, and communicate more effectively with your healthcare team.

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Daily Header & Overview

Date & Day

Date:

Day of week:

Overall Day Rating

Rate your day (0–10): _____

0 = Extremely difficult

10 = Excellent day

Flare Status

Did you experience a flare today?

Yes No

Begin each day by completing this header section. Your overall rating helps you track progress over time and identify which days feel better or worse. A flare typically means a sudden worsening of symptoms that feels more intense than your baseline.

Symptom Snapshot

Rate each symptom on a scale of 0–10, where 0 means no symptom at all and 10 represents the most severe you've experienced. Be honest with yourself – this information is for your benefit and helps you spot patterns over time.

Symptom	Rating (circle one)
Bladder pain	0 1 2 3 4 5 6 7 8 9 10
Urgency (need to wee)	0 1 2 3 4 5 6 7 8 9 10
Burning / stinging	0 1 2 3 4 5 6 7 8 9 10
Pelvic floor / tightness	0 1 2 3 4 5 6 7 8 9 10
Lower back / pelvic pain	0 1 2 3 4 5 6 7 8 9 10
Fatigue	0 1 2 3 4 5 6 7 8 9 10
Mood (0=very low, 10=good)	0 1 2 3 4 5 6 7 8 9 10

Most intense symptom today (circle one):

Pain / Urgency / Burning / Fatigue / Mood / Other: _____

Bathroom & Bladder Summary

Tracking your bathroom frequency helps identify patterns and provides valuable information for your medical appointments. Night-time wakings are particularly important as they affect sleep quality and overall wellbeing.

Daytime Toileting

Total day toilet trips: _____

(Count from waking to bedtime)

Night-time Wakings

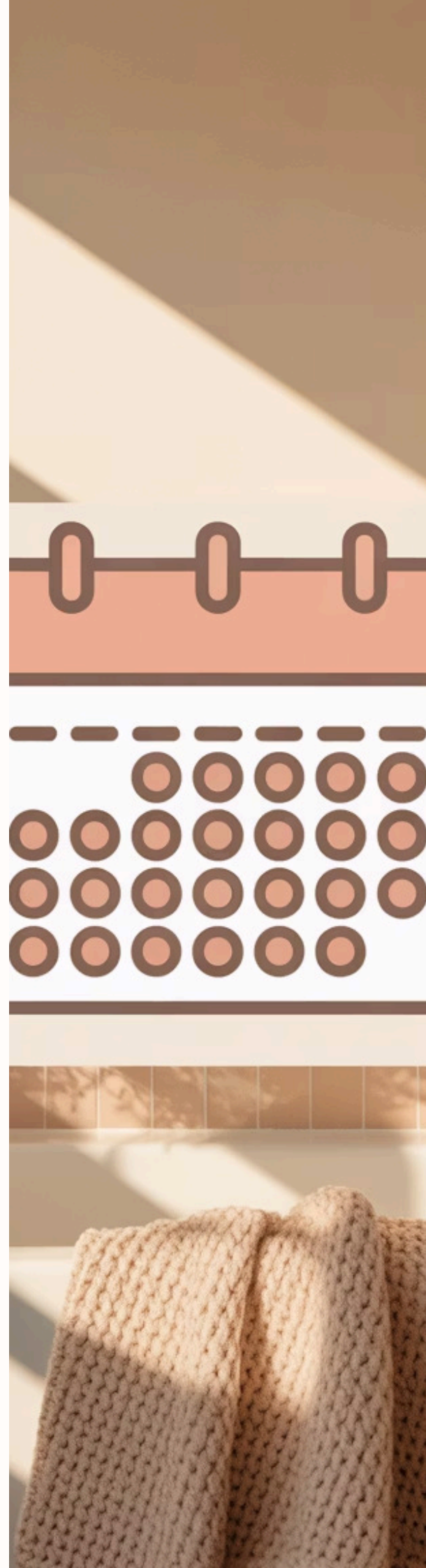
Total night toilet trips: _____

(Count from bedtime to waking)

Leakage

Any leakage today?

Yes No



Food & Drink Overview

Diet plays a significant role in IC/BPS symptoms. Recording what you eat and drink helps you identify which foods might trigger bladder reactions. Remember that everyone's triggers are different – what affects one person may be perfectly fine for another.

Meal / Drinks	What I ate/drank	Possible bladder reaction?
Breakfast	<div></div> <div></div>	Yes No Not sure
Lunch	<div></div> <div></div>	Yes No Not sure
Dinner	<div></div> <div></div>	Yes No Not sure
Drinks & snacks	<div></div> <div></div>	Yes No Not sure

Possible Triggers & Context

IC/BPS symptoms can be influenced by many factors beyond food. Stress, hormones, sleep quality, physical activity, and other lifestyle elements all play a role. Tick all factors you noticed today to help identify your personal triggers.

- New or unusual food/drink
- More stress than usual
- Less sleep than usual
- Hormone changes (cycle/menopause)
- More sitting / travel / long day on feet
- Sexual activity
- Constipation or bowel changes
- New medication or dose change
- New supplement or dose change
- Other: _____

Treatments & Self-Care Used Today

Document everything you use to manage your symptoms, including medications, supplements, physical therapies, and self-care techniques. Recording the time and effectiveness helps you understand what works best for you and when.

What I used/did	Time	Helped?
_____	_____	Yes No Not sure

_____	_____	Yes No Not sure

_____	_____	Yes No Not sure

_____	_____	Yes No Not sure

_____	_____	Yes No Not sure

Examples: prescribed medication, heat pad, pelvic floor exercises, breathing exercises, gentle stretching, rest, hydration, bladder-friendly foods

Sleep & Energy

Sleep Quality

Hours of sleep last night: ____

Sleep quality (1-5):

1 2 3 4 5

1 = Very poor, 5 = Excellent

Daily Energy

Energy today (1-5):

1 2 3 4 5

1 = Completely exhausted

5 = Full of energy

Poor sleep and low energy levels can worsen IC/BPS symptoms, whilst symptom flares can disrupt sleep – creating a challenging cycle. Tracking these helps you understand the relationship between rest and symptom management.



Notes & Questions

Use this space to record anything else that feels important – patterns you're noticing, questions for your next medical appointment, emotional responses, or anything that doesn't fit in the sections above. Your observations are valuable.



Notes, patterns I noticed, questions for my doctor/physio:

Making the Most of Your Tracker

01

Complete daily for best results

Consistency is key to identifying patterns. Try to fill in your tracker at the same time each day, ideally in the evening when you can reflect on the full day.

02

Review weekly for patterns

Look back over your week to spot trends. Do certain foods consistently cause problems? Are symptoms worse on stressful days? These insights are powerful.

03

Share with your healthcare team

Bring your completed trackers to appointments. They provide your doctor or physiotherapist with detailed, objective information about your symptoms and triggers.

04

Be patient and kind to yourself

Managing IC/BPS is a journey. Some days will be harder than others, and that's completely normal. This tracker is a tool to support you, not to create pressure.

Remember: This tracker is for personal use only and does not replace professional medical advice. Always consult your healthcare provider about your symptoms and treatment options.

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