

COVER

Symptom Tracking After Illness

A 30-DAY HONEST JOURNAL

A printable companion for observing your own recovery — and preparing for the conversations that matter with your doctor.

— Edited by M. Callahan Spike Protein Detox Editorial · Edition I · 2026

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01 • WHAT THIS IS — AND WHAT IT ISN'T

SPIKE PROTEIN DETOX SYMPTOM JOURNAL

30-DAY SYMPTOM JOURNAL

This journal is a **symptom log**. Nothing more, nothing less.

It is designed to help you do one specific, useful thing: **observe your own body across 30 days in a structured way, so you have honest data to share with the clinician you trust.**

WHAT THIS IS

- A printable, low-tech journal you keep beside your bed or in your bag.
- A daily prompt: how you feel in the morning, how you feel in the evening.
- A way to spot patterns that 30 days of memory will not reliably hold for you.
- A pre-visit notes packet you can hand to your doctor when you sit down for an appointment.

WHAT THIS IS NOT

- This is **not a treatment plan**.
- This is **not a "detox protocol"**.
- This is **not a substitute for diagnosis, prescription, or any decision a licensed clinician should make**.
- This is **not a claim that any specific intervention will remove spike proteins, cure long-haul symptoms, or speed recovery**. No such claim is made anywhere in this document.

If you are experiencing symptoms after an acute illness, the right person to interpret what you log here is a clinician who can examine you, look at your full medical history, and order tests. This journal exists to make that conversation more useful.

Informational. Not medical advice. Talk to a licensed clinician.

02 • HOW TO USE THIS JOURNAL

SPKX / PROTEIN D T X T E I T R I A L

30-DAY SYMPTOM JOURNAL

You only need **two minutes, twice a day**.

MORNING ENTRY (60–90 SECONDS, BEFORE YOU START THE DAY)

1. **Energy 1–10.** A "1" is "I can barely sit up." A "10" is "I feel as good as I ever have."
2. **Sleep hours.** Round to the nearest half-hour. Note awakenings if you remember them.
3. **Brain fog 1–10.** A "1" is "completely sharp." A "10" is "I cannot follow a conversation."
4. **One sentence about how you slept.** Words like "restless," "deep," "woke at 3am," "vivid dreams" are enough.

EVENING ENTRY (60–90 SECONDS, BEFORE YOU WIND DOWN)

1. **Exertion tolerance.** Did you walk, climb stairs, work out, do chores? How did your body respond — during, and 1–4 hours later?
2. **Mood 1–10.** A "1" is "low and flat." A "10" is "engaged, motivated, optimistic."
3. **Notable symptoms today.** Heart racing, shortness of breath on stairs, headache, GI issues, chest pressure, dizziness, ringing in the ears, etc.
4. **One sentence: anything different.** New food, new supplement (note dose), new medication, stressful event, travel, illness exposure.

ONCE A WEEK (SUNDAY EVENING, 5 MINUTES)

- Re-read the week. Circle anything that repeats 3+ days.
- Note any **post-exertional crash** — feeling worse 12–72 hours after activity.
- Write the **one question** you most want to ask your doctor.

WHEN TO BRING THIS TO YOUR DOCTOR

- Bring **the whole journal** to any follow-up appointment.
- Bring it **immediately** if any "Red Flags" item (see Section 09) appears.
- If you are already in care, ask your clinician whether they want you to record anything else (e.g., resting heart rate, daily weight, blood pressure, oxygen saturation if you have a pulse oximeter).

Informational. Not medical advice.

If you have heard the terms "long COVID," "post-acute sequelae of SARS-CoV-2 infection (PASC)," or "post-acute infection syndromes," this section gives you the plain-language picture of **what clinical researchers are tracking in cohorts** — and therefore, what is worth tracking in yourself.

This is **descriptive, not prescriptive**. Nothing in this section tells you what to do. It tells you what is being observed.

THE MOST COMMONLY TRACKED SYMPTOM DOMAINS

Across major federally-funded and academic post-acute illness cohorts (NIH RECOVER, CDC, Mayo Clinic, and large reviews), the symptom families most frequently catalogued include:

- **Fatigue** — persistent tiredness not relieved by sleep.
- **Post-exertional malaise (PEM)** — feeling significantly worse 12–72 hours after physical, cognitive, or emotional exertion.
- **Cognitive symptoms** — sometimes called "brain fog" by patients: word-finding trouble, short-term memory lapses, slower processing.
- **Sleep disturbances** — insomnia, non-restorative sleep, vivid dreams.
- **Cardiopulmonary symptoms** — palpitations, chest discomfort, shortness of breath, exercise intolerance, orthostatic intolerance / POTS-like patterns.
- **Smell and taste changes** — anosmia, parosmia, dysgeusia.
- **Mood and anxiety changes** — including new-onset anxiety, depression, or irritability.
- **Headache and other neurological symptoms** — including tinnitus, paresthesias, dizziness.
- **Gastrointestinal symptoms** — appetite changes, nausea, altered bowel habits.

Because these symptom families are what researchers are following, **tracking them in yourself produces notes a clinician can immediately use**.

SELECTED SOURCES (LIVE URLS)

1. **NIH RECOVER Initiative — Researching COVID to Enhance Recovery**. Long-COVID research cohort and symptom domain definitions. <https://recovercovid.org/>
2. **CDC — Long COVID or Post-COVID Conditions**. Federal public-health overview of post-acute symptom categories. <https://www.cdc.gov/covid/long-term-effects/index.html>
3. **NIH National Library of Medicine — Post-Acute Sequelae of SARS-CoV-2 (PASC) symptom characterization, Nature Medicine, 2023**. Peer-reviewed symptom-cluster definitions used in the RECOVER adult cohort. <https://pubmed.ncbi.nlm.nih.gov/37202548/>

4. **Mayo Clinic — Long COVID: Symptoms and Causes.** Patient-facing clinical overview from a major academic medical center. <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/long-covid/art-20532222>

5. **World Health Organization — Post-COVID-19 condition (clinical case definition).**

International case definition used in research and surveillance.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-Post-COVID-19-condition-Clinical-case-definition-2021.1>

Informational. Not medical advice. The cited sources describe what is being observed in research cohorts. They do not endorse this document, any product, or any protocol.

04 • WEEK 1 — DAILY LOG

DAY	ENERGY AM (1-10)	SLEEP HRS	BRAIN FOG (1-10)	EXERTION TOLERANCE	MOOD (1- 10)	NOTABLE SYMPTOMS TODAY	NOTES (ONE LINE)
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Sunday review — one question I want to ask my doctor:

Informational. Not medical advice.

05 · WEEK 2 — DAILY LOG

DAY	ENERGY AM (1-10)	SLEEP HRS	BRAIN FOG (1-10)	EXERTION TOLERANCE	MOOD (1- 10)	NOTABLE SYMPTOMS TODAY	NOTES (ONE LINE)
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Sunday review — what repeated 3+ days this week?

Informational. Not medical advice.

06 · WEEK 3 — DAILY LOG

DAY	ENERGY AM (1-10)	SLEEP HRS	BRAIN FOG (1-10)	EXERTION TOLERANCE	MOOD (1- 10)	NOTABLE SYMPTOMS TODAY	NOTES (ONE LINE)
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Sunday review — any post-exertional crashes? (when, after what, how long?)

Informational. Not medical advice.

07 • WEEK 4 — DAILY LOG

DAY	ENERGY AM (1-10)	SLEEP HRS	BRAIN FOG (1-10)	EXERTION TOLERANCE	MOOD (1- 10)	NOTABLE SYMPTOMS TODAY	NOTES (ONE LINE)
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Sunday review — compared to Week 1: what is better, what is worse, what is unchanged?

Better: _____

Worse: _____

Unchanged: _____

Informational. Not medical advice.

08 · WEEK 5 — TWO-DAY CATCH-UP & REVIEW

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DAY	ENERGY AM (1-10)	SLEEP HRS	BRAIN FOG (1-10)	EXERTION TOLERANCE	MOOD (1- 10)	NOTABLE SYMPTOMS TODAY	NOTES (ONE LINE)
Day 29							
Day 30							

30-DAY SUMMARY (WRITE THIS OUT IN PLAIN WORDS)

- The three symptoms that bothered me most often: _____
- The three things that seemed to make those symptoms worse: _____
- The three things that seemed to make those symptoms better: _____
- The single biggest question I want answered: _____

Informational. Not medical advice. Bring this summary, and the four weeks behind it, to your next clinical appointment.

09 • RED FLAGS — WHEN TO CALL YOUR DOCTOR IMMEDIATELY

SYMPTOM DETECTION TRIAL

30-DAY SYMPTOM JOURNAL

This list is not exhaustive. Use clinical guidance, not this list, to make urgent decisions. If you are in doubt, call your doctor or local emergency services.

Stop journaling and **seek urgent medical care** — call 911 in the U.S., or go to the nearest emergency department — if you experience any of the following, especially if they are new or worsening:

- **Chest pain or chest pressure**, particularly if it radiates to the arm, jaw, neck, or back, or is accompanied by sweating, nausea, or shortness of breath.
- **Severe shortness of breath at rest**, or shortness of breath that prevents you from speaking in full sentences.
- **A bluish color** to your lips, face, or fingertips (cyanosis).
- **Fainting (syncope) or near-fainting episodes.**
- **A new, severe headache** — especially "the worst headache of your life," or one with vision changes, weakness on one side, confusion, or stiff neck.
- **Sudden weakness, numbness, drooping, or slurred speech** — possible stroke signs (FAST: Face drooping, Arm weakness, Speech difficulty, Time to call 911).
- **A racing heart that won't slow down**, or new irregular heart rhythm with dizziness.
- **A persistent fever** that is unexplained or is climbing, especially over 103°F (39.4°C).
- **Coughing up blood, or blood in your stool or urine.**
- **Severe abdominal pain** that is sudden or steadily worsening.
- **New, severe leg pain or swelling** in one leg (possible blood clot).
- **Suicidal thoughts, or thoughts of harming yourself or others.** Call or text **988** (Suicide & Crisis Lifeline, U.S.) any time of day or night.

SELECTED SOURCES (LIVE URLS)

1. **CDC — Symptoms of COVID-19 and warning signs requiring emergency care.**
<https://www.cdc.gov/covid/signs-symptoms/index.html>
2. **Mayo Clinic — Long COVID: When to see a doctor.** <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/long-covid/art-20532222>
3. **National Institutes of Health, MedlinePlus — When to call 911.**
<https://medlineplus.gov/ency/article/001927.htm>
4. **988 Suicide & Crisis Lifeline (U.S.).** <https://988lifeline.org/>

10 • YOUR NEXT CONVERSATION — QUESTIONS TO BRING TO YOUR APPOINTMENT

Tear out, fill in, hand to your clinician.

1. The symptom that bothers me most is: _____
2. It started: _____
3. It is **worse** when I: _____
4. It is **better** when I: _____
5. New medications, supplements, or major life changes in the last 30 days:

6. Specific tests or referrals I would like to ask about: _____
7. The one question I most want answered today: _____

Bring this page, plus your four weekly logs, to the appointment. If your clinician would like a digital version, the PDF lives at: <https://www.spikedproteindetox.com/lead-magnets/30-day-symptom-journal.pdf>

Informational. Not medical advice.

You are not lazy. You are not exaggerating. You are not "making this up."

When the body is healing from an acute illness, the only honest measurement is the one taken across enough days that a pattern becomes undeniable. Memory does not do that well. Paper does.

If this journal helps you carry **better data** into a doctor's office, it has done its job. If, on the other hand, you finish 30 days and feel meaningfully better — close it, put it away, and we are glad for you.

For broader, non-medical editorial context on what researchers and clinicians are currently writing about post-acute recovery, our running coverage lives at:

<https://www.spikedproteindetox.com/spike-protein-detox-protocol.html>

Take care of yourself.

— M. Callahan Editor, Spike Protein Detox Editorial

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