Sciatica Symptom & Recovery Tracker

Free 30-Day Printable Diary

Track: pain intensity, pain location, numbness or tingling, weakness, sitting, walking or exercise, sleep, and things that seemed to make symptoms better or worse.

How To Use It

Complete one row each day, ideally at roughly the same time. The purpose is to create a simple record of patterns and changes that you can review yourself or discuss with a qualified healthcare professional. It is not designed to diagnose the cause of symptoms.

Simple Rating Guide

Pain	0 = none	1-3 = mild	4-6 = moderate	7-10 = severe
Numbness / Tingling	0 = none	1 = mild	2 = moderate	3 = strong
Weakness	N = none noticed	Y = noticed		
Sitting / Walking / Sleep	B = better	S = same	W = worse	or add a note

Pain Location Shortcuts

LB lower back **B** buttock **TH** thigh **C** calf **F** foot **T** toes | **L** left **R** right **BOTH** both sides

Important Medical Note

This tracker is for general educational and organizational purposes only. It does not diagnose sciatica and is not a substitute for professional medical advice, diagnosis, or treatment. Seek prompt medical care for new or worsening weakness or significant numbness. Seek immediate medical care for new bowel or bladder control problems, numbness around the saddle/groin area, or serious symptoms after major trauma.

My Starting Point

Start date:	_____	Which side?	Left / Right / Both
Pain today (0-10):	_____	Symptoms began:	_____
Main pain location:	_____	Main activity affected:	_____
What I most want to track:	_____		

30-Day Daily Tracker - Days 1-6

Use short notes. Example: R buttock/calf; sitting worse; short walk better.

Day / Date	Pain 0-10	Location / Side	Numb./Tingle 0-3	Weak? Y/N	Sitting B/S/W	Walk/Ex. B/S/W	Sleep B/S/W	Worse / Better / Notes
Day 1 ____/____								
Day 2 ____/____								
Day 3 ____/____								
Day 4 ____/____								
Day 5 ____/____								
Day 6 ____/____								

30-Day Daily Tracker - Days 7-12

Use short notes. Example: R buttock/calf; sitting worse; short walk better.

Day / Date	Pain 0-10	Location / Side	Numb./Tingle 0-3	Weak? Y/N	Sitting B/S/W	Walk/Ex. B/S/W	Sleep B/S/W	Worse / Better / Notes
Day 7 ____/____								
Day 8 ____/____								
Day 9 ____/____								
Day 10 ____/____								
Day 11 ____/____								
Day 12 ____/____								

30-Day Daily Tracker - Days 13-18

Use short notes. Example: R buttock/calf; sitting worse; short walk better.

Day / Date	Pain 0-10	Location / Side	Numb./Tingle 0-3	Weak? Y/N	Sitting B/S/W	Walk/Ex. B/S/W	Sleep B/S/W	Worse / Better / Notes
Day 13 ____/____								
Day 14 ____/____								
Day 15 ____/____								
Day 16 ____/____								
Day 17 ____/____								
Day 18 ____/____								

30-Day Daily Tracker - Days 19-24

Use short notes. Example: R buttock/calf; sitting worse; short walk better.

Day / Date	Pain 0-10	Location / Side	Numb./Tingle 0-3	Weak? Y/N	Sitting B/S/W	Walk/Ex. B/S/W	Sleep B/S/W	Worse / Better / Notes
Day 19 ____/____								
Day 20 ____/____								
Day 21 ____/____								
Day 22 ____/____								
Day 23 ____/____								
Day 24 ____/____								

30-Day Daily Tracker - Days 25-30

Use short notes. Example: R buttock/calf; sitting worse; short walk better.

Day / Date	Pain 0-10	Location / Side	Numb./Tingle 0-3	Weak? Y/N	Sitting B/S/W	Walk/Ex. B/S/W	Sleep B/S/W	Worse / Better / Notes
Day 25 ____/____								
Day 26 ____/____								
Day 27 ____/____								
Day 28 ____/____								
Day 29 ____/____								
Day 30 ____/____								

My Sciatica Symptom Map

Mark the areas where you notice symptoms. Use P = pain, T = tingling, N = numbness, and W = weakness.

Area	Left	Right	Pain	Tingling	Numbness	Weakness	Notes
Lower back	■	■	■	■	■	■	
Buttock	■	■	■	■	■	■	
Thigh	■	■	■	■	■	■	
Calf	■	■	■	■	■	■	
Foot	■	■	■	■	■	■	
Toes	■	■	■	■	■	■	

What Seems To Affect My Symptoms?

Activity / Situation	Usually better	No clear change	Usually worse	Notes
Sitting	■	■	■	
Standing	■	■	■	
Walking	■	■	■	
Driving	■	■	■	
Bending	■	■	■	
Lifting	■	■	■	
Stairs	■	■	■	
Housework	■	■	■	
Exercise	■	■	■	
Getting out of bed	■	■	■	

Other patterns I noticed: _____

_____

Week 1 Recovery Check-In

Compare function and symptoms with the previous week. Recovery is not always a straight line, so focus on overall patterns rather than one difficult day.

Compared with last week:	■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse
Average pain this week:	____ / 10
Numbness / tingling:	■ Better ■ Same ■ Worse
Weakness:	■ None noticed ■ Better ■ Same ■ Worse
Sitting:	■ Easier ■ Same ■ Harder
Walking:	■ Easier ■ Same ■ Harder
Sleeping:	■ Easier ■ Same ■ Harder
Most difficult activity:	_____
What seemed to help most:	_____
What seemed to worsen symptoms:	_____
Question for a healthcare professional:	_____

Weekly Notes

_____

_____

_____

_____

Week 2 Recovery Check-In

Compare function and symptoms with the previous week. Recovery is not always a straight line, so focus on overall patterns rather than one difficult day.

Compared with last week:	■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse
Average pain this week:	____ / 10
Numbness / tingling:	■ Better ■ Same ■ Worse
Weakness:	■ None noticed ■ Better ■ Same ■ Worse
Sitting:	■ Easier ■ Same ■ Harder
Walking:	■ Easier ■ Same ■ Harder
Sleeping:	■ Easier ■ Same ■ Harder
Most difficult activity:	_____
What seemed to help most:	_____
What seemed to worsen symptoms:	_____
Question for a healthcare professional:	_____

Weekly Notes

_____

_____

_____

_____

Week 3 Recovery Check-In

Compare function and symptoms with the previous week. Recovery is not always a straight line, so focus on overall patterns rather than one difficult day.

Compared with last week:	■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse
Average pain this week:	____ / 10
Numbness / tingling:	■ Better ■ Same ■ Worse
Weakness:	■ None noticed ■ Better ■ Same ■ Worse
Sitting:	■ Easier ■ Same ■ Harder
Walking:	■ Easier ■ Same ■ Harder
Sleeping:	■ Easier ■ Same ■ Harder
Most difficult activity:	_____
What seemed to help most:	_____
What seemed to worsen symptoms:	_____
Question for a healthcare professional:	_____

Weekly Notes

_____

_____

_____

_____

Week 4 Recovery Check-In

Compare function and symptoms with the previous week. Recovery is not always a straight line, so focus on overall patterns rather than one difficult day.

Compared with last week:	■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse
Average pain this week:	____ / 10
Numbness / tingling:	■ Better ■ Same ■ Worse
Weakness:	■ None noticed ■ Better ■ Same ■ Worse
Sitting:	■ Easier ■ Same ■ Harder
Walking:	■ Easier ■ Same ■ Harder
Sleeping:	■ Easier ■ Same ■ Harder
Most difficult activity:	_____
What seemed to help most:	_____
What seemed to worsen symptoms:	_____
Question for a healthcare professional:	_____

Weekly Notes

_____

_____

_____

_____

30-Day Summary

Summarize the patterns you noticed. This is not a diagnostic test; it is a record you can use when thinking about your progress or preparing for a healthcare visit.

Starting pain level:	____ / 10	Current pain level:	____ / 10
Overall symptoms:	■ Much better ■ Better ■ Same ■ Worse ■ Much worse		
Pain location changed?	_____		
Symptoms that improved:	_____		
Symptoms that stayed similar:	_____		
Symptoms that became more noticeable:	_____		
Activities that commonly worsened symptoms:	_____		
Activities or strategies that seemed helpful:	_____		
Changes in numbness / tingling:	_____		
Changes in weakness:	_____		
Questions I want to ask:	_____		

Notes For My Healthcare Professional

_____

_____

_____

_____

Reminder: Do not wait for the 30-day tracker to be completed if symptoms are severe, rapidly changing, or concerning. New bowel or bladder control problems, saddle-area numbness, or serious symptoms following major trauma require urgent medical assessment.

Medical Disclaimer

Medical Disclaimer: This Sciatica Symptom & Recovery Tracker is provided for general educational and organizational purposes only. It is not intended to diagnose sciatica or any other medical condition and does not replace professional medical advice, diagnosis, or treatment. If you have new, severe, worsening, or concerning symptoms, contact a qualified healthcare professional.