

Name: _____ Date: _____



IgA Nephropathy Symptom and Wellness Log

You will have regular health visits, urine tests and bloodwork to assess your kidneys and determine whether your treatments are working or if they need to be changed. But how you feel generally also matters. Use this worksheet to take note of how you are feeling and the ways the condition might be limiting your ability to do certain activities. Be sure to review this information with your care team at each visit.

Signs & Symptoms

	Not at all	Sometimes	Often	Most of the time	All the time
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How often do you have:

Dark urine

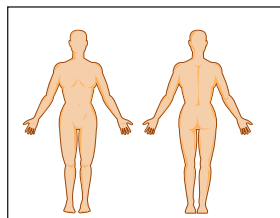
Frothy or foamy urine

Less energy/feeling overly tired

Swelling in my feet, ankles or legs or face

Pain or discomfort

(use the illustration to mark or circle where you have pain)



Poor appetite

Nausea or vomiting

Anxiety and/or depression

Trouble sleeping, "brain fog" or difficulty concentrating

High blood pressure

Other symptoms:

How IgA Nephropathy or treatments affect your activities or coping

Have you had any trouble:	Not at All	Sometimes	Often	Most of the time	All the time
Working/being able to meet job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of kids/parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimacy/relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in social activities, making plans with friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<hr/> <hr/>				

Don't delay calling your doctor if you see blood in your urine or notice sudden swelling in your legs or feet. Urine can be darker if you have a cold or infection. Talk with your care team in advance about when to call in between appointments.

Emotional health/coping

Living with a chronic disease isn't easy. IgA Nephropathy can be isolating because so few people have it or understand what it is. Be sure to talk about your feelings. Speak up if you need more support.

Generally, how would you say you are coping with IgA Nephropathy?

Over the last two weeks, how often have you noticed:

	Not at all	Several days	More than half the time	Most of the time
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sad, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are experiencing any of the above, which could be signs of depression and anxiety, what factors do you think contribute to each?

What might help:

- Participating in a support group
- Talking with someone else with IgA Nephropathy
- Finding ways to destress – deep breathing, daily medication
- Being active each day
- Setting limits
- Talking with a counselor or mental health professional



Be sure to share this worksheet with your care team so they have a more complete picture of how you are doing.