








My symptom journal

CLEAR

	List your symptoms and rate how bad they were on a scale of 1-10, where 1 is symptoms are not affecting you and 10 is symptoms are very much affecting you	
	Describe your symptom(s) (Include any new symptoms that develop)	Rate your symptom(s) (On a scale of 1-10)
TODAY		
WEEK 1		
WEEK 2		
WEEK 3		
WEEK 4		
WEEK 5		
WEEK 6		

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	Do you feel better or worse than last week? Describe how you are feeling.
WEEK 1	
WEEK 2	
WEEK 3	
WEEK 4	
WEEK 5	
WEEK 6	

	Describe something good that happened, or something you enjoyed doing this week.
WEEK 1	
WEEK 2	
WEEK 3	
WEEK 4	
WEEK 5	
WEEK 6	

