








# 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)
<b>TODAY</b>		
<b>WEEK 1</b>		
<b>WEEK 2</b>		
<b>WEEK 3</b>		
<b>WEEK 4</b>		
<b>WEEK 5</b>		
<b>WEEK 6</b>		

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

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

