

SYMPTOMS AND GOALS: 7-DAY TRACKING

Use these daily spaces to write down how you feel and anything else you may be experiencing.

DAY 1:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD

DAY 2:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD

DAY 3:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD

DAY 4:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD

SYMPTOMS AND GOALS: 7-DAY TRACKING CONTINUED

Use these daily spaces to write down how you feel and anything else you may be experiencing.

DAY 5:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD



DAY 6:

Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

VERY BAD



DAY 7:

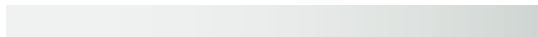
Today, my symptoms and activities were:

Overall, how was your day?

Check the appropriate area on the scale below.

VERY GOOD

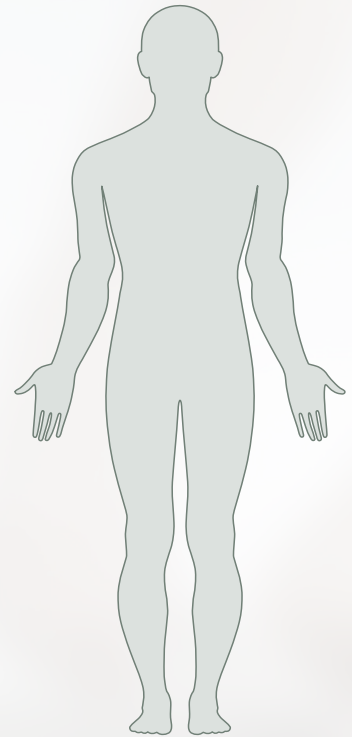
VERY BAD



Pinpoint your symptoms.

Mark what you've experienced.

- ✓ = joints
- = other symptoms



These pages are provided for educational purposes only and are not intended to replace discussions with a healthcare provider. This is not intended to be used as a diagnostic tool. Decisions regarding patient care must be made with a healthcare provider, considering the unique characteristics of the patient.