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

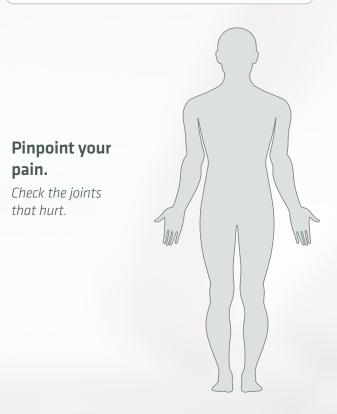
DAY 7:

Today, my symptoms and activities were:

Overall, how was your day? Check the appropriate area on the scale below.

VERY GOOD

VERY BAD



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.

