General Symptom Diary

- Complete the diary in the evening and each morning.

- “Day 1” will be the date of your “Night 1”, when you first go to bed and do the diary.

- It is usually better to do over 7 consecutive days, to cover a full week.

- Do not worry too much about giving extremely exact answers, an estimate will do.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Day 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL SYMPTOM DIARY

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Symptom & Location | Duration | Intensity(1-10) | Triggers,What happened before | Concomitants(other sensations) | Treatment used & Effectiveness (1-10) |
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| Date | Time | Symptom & Location | Duration | Intensity(1-10) | Triggers,What happened before | Concomitants(other sensations) | Treatment used & Effectiveness (1-10) |
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**Comments:**

- For Intensity: use: 1 if very mild, and 10 if very bad.

- For Treatment used & Effectiveness: indicate what you did, and how effective it was – 1: almost no effect, 10: cleared symptom.