Symptom Tracker

Date: ____________________________________  Estimated time: _________________________
Symptom: ____________________________________  Level of severity (1-10 scale): ______
How are you impacted by this symptom: _______________________________________________________
How would you describe your sleep pattern: ______________________________________________________
How would you describe your mood or emotional well-being: _______________________________________
___________________________________________________________________________________
Other notes: ____________________________________________________________________________

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Symptom: ____________________________________  Level of severity (1-10 scale): ______
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How would you describe your mood or emotional well-being: _______________________________________
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