Diary of symptoms

You can complete this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

You can help your health professional diagnose and treat your condition by being prepared to answer questions about your symptoms. Since some symptoms are difficult to describe, it is helpful to write down information about your symptoms as you experience them during your daily activities.

While waiting for your appointment, keep a diary of your symptoms. This form may help.

Describe the symptom for which you are keeping this diary:

Day	1	2	3	4	5	6	7
Time of day the symptom starts							
Time of day the symptom bothers you the most							
Does the symptom come and go during the day?							
Is the symptom affected by any of the following: • Activity • Rest • Stress • Prescription or nonprescription medications (name and time the medication affects your symptom)	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:	☐ ☐ ☐ Time:
Medication name:							
Medication name:							
• Alcohol or caffeinated drinks (number and time) Number of drinks:							
Time of day:							
• Smoking or the use of other tobacco products							
What other symptoms do you have:							
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Rate how you felt today: 1 - Great 2 - Okay 3 - Not good 4 - Bad							
Other information about your symptom:							

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