

Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Date							
When did it start?							
When did it finish?							
Did it come and go, or stay the same?							
Was it made better or worse by ...							
... exercise or rest?							
... eating or drinking? (if so what)							
... stress?							
... taking any medicines? (if so what)							
... alcohol, drugs or caffeine?							
Did it affect your sleep?							
Any words to describe your symptom? Anything different today?							
Any other symptoms?							
Overall, how did you feel today?							
Questions for next consultation:							

# Symptom Diary for \_\_\_\_\_

## Main Symptom \_\_\_\_\_

designed by David Hogg, 2009

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... alcohol, drugs or caffeine?							
Did it affect your sleep?							
Any words to describe your symptom? Anything different today?							
Any other symptoms?							
Overall, how did you feel today?							

Questions for next consultation: