

# 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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