

Symptom Tracking Sheet

Name: _____

Date: _____

Instructions: Answer the following questions for each symptom marked with a "3" on the Systems Survey form and the 5 Main Complaints

What's going on?

1. Severity: How severe is it? How does it lower quality of life?
2. Frequency: How many times per month does it occur? If every day, list the number of times in a day?
3. Duration: How long does an episode last?

How long have you had it?

1. List the date of 1st appearance. If unable to remember, list the best guess.

What have you tried for it?

1. List what has worked and not worked: ex. Chiropractic, Acupuncture, nutrition, supplements, homeopathy, drugs, surgery, radiation

	Symptom	Severity	Frequency	Duration	Date of 1st Appearance	What has been tried for resolution?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Symptom Tracking Sheet

	Symptom	Severity	Frequency	Duration	Date of 1st Appearance	What has been tried for resolution?
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

NOTES: