

symptom diary name _____ date ____ / ____ / ____

sleep: in the last 24 hours (circle), total:

0-5 hrs 6-8 hrs 9-11 hrs 12-14 hrs 15-17 hrs 18-20 hrs 21+ hrs

pain: *please use dr leigh's pain scale!*

in last 24 hrs (circle), at its worst: 0 1 2 3 4 5 6 7 8 9 10

at its least: 0 1 2 3 4 5 6 7 8 9 10

most of the time on average: 0 1 2 3 4 5 6 7 8 9 10

used medicine to help with pain:

name _____	name _____	name _____
how much at a time _____	how much at a time _____	how much at a time _____
how many times _____	how many times _____	how many times _____

mood: in last 24 hrs (circle),

<u>mood, at its worst:</u>	<u>mood, at its best:</u>	<u>mood, most of the time on average:</u>
excited happy neutral	excited happy neutral	excited happy neutral
empty sad anxious	empty sad anxious	empty sad anxious
guilty frustrated angry	guilty frustrated angry	guilty frustrated angry
hopeless panicked suicidal	hopeless panicked suicidal	hopeless panicked suicidal
other: _____	other: _____	other: _____

fatigue: in last 24 hrs (circle):

fatigue at its worst:

0 1 2 3 4 5 6 7 8 9 10
able to work normally. able to do work part of the day. able to get dressed/make food. able to get to bathroom/kitchen only. unable to walk/talk.

fatigue at its least:

0 1 2 3 4 5 6 7 8 9 10
able to work normally. able to do work part of the day. able to get dressed/make food. able to get to bathroom/kitchen only. unable to walk/talk.

most of the time on average:

0 1 2 3 4 5 6 7 8 9 10
able to work normally. able to do work part of the day. able to get dressed/make food. able to get to bathroom/kitchen only. unable to walk/talk.

stomach: in last 24 hrs (check box),

<p><u>at its worst:</u></p> <p><input type="checkbox"/> no stomach symptoms</p> <p><input type="checkbox"/> mild symptoms, manageable</p> <p><input type="checkbox"/> symptoms interfered with work</p> <p><input type="checkbox"/> severe symptoms, unable to work</p> <p>other: _____</p>	<p><u>at its best:</u></p> <p><input type="checkbox"/> no stomach symptoms</p> <p><input type="checkbox"/> mild symptoms, manageable</p> <p><input type="checkbox"/> symptoms interfered with work</p> <p><input type="checkbox"/> severe symptoms, unable to work</p> <p>other: _____</p>	<p><u>most of the time on average:</u></p> <p><input type="checkbox"/> no stomach symptoms</p> <p><input type="checkbox"/> mild symptoms, manageable</p> <p><input type="checkbox"/> symptoms interfered with work</p> <p><input type="checkbox"/> severe symptoms, unable to work</p> <p>other: _____</p>
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notes: please note anything special about the last 24 hours that helps explain.
