

## Symptom Diary

If you wish, you can use the following pages for keeping a record of your symptoms. These are just examples. This information can be helpful when you talk to your healthcare team. You could also use these examples for other symptoms like tiredness, anxiety, and depression.

Daily Pain Diary					
Date:					
Time:					
Pain Rating (0-10):					
How does my pain feel? ( <i>ache, throbbing, burning, shooting, tingling</i> )					
How long does my pain last? ( <i>minutes, hours, constant</i> )					
What time of day was my pain: the best?					
the worst?					
What made my pain: better today?					
worse today?					
Medicine and dose:					
Medicine side effects:					
This was my pain rating one hour after the medicine:					

0  
No pain

1

2

3

4

5  
Moderate  
pain

6

7

8

9

10  
Worst  
possible  
pain

Daily Nausea Diary					
Date:					
Time:					
Nausea Rating (0-10):					
What time of day was my nausea: the best?					
the worst?					
What made my nausea: better today?					
worse today?					
Medicine and dose:					
Medicine side effects:					
This was my nausea rating one hour after the medicine:					

0  
No nausea

1

2

3

4

5  
Moderate  
nausea

6

7

8

9

10  
Worst  
possible  
nausea

Daily Itching (Pruritus) Diary					
Date:					
Time:					
Itching Rating (0-10):					
What time of day was my itching: the best?					
the worst?					
What made my itching: better today?					
worse today?					
Medicine and dose:					
Medicine side effects:					
This was my itching rating one hour after the medicine:					

0  
No itching

1

2

3

4

5  
Moderate  
itching

6

7

8

9

10  
Worst  
possible  
itching

Daily Restless Legs Diary					
Date:					
Time:					
Restless Legs Rating (0-10):					
What time of day were my restless legs: the best?					
the worst?					
What made my restless legs: better today?					
worse today?					
Medicine and dose:					
Medicine side effects:					
This was my restless legs rating one hour after the medicine:					

0  
No restless  
legs

1

2

3

4

5  
Moderate  
restless  
legs

6

7

8

9

10  
Worst  
possible  
restless legs

Daily Breathing Diary					
Date:					
Time:					
Breathing Rating (0-10):					
What time of day was my breathing: the best?					
the worst?					
What made my breathing: better today?					
worse today?					
Medicine and dose:					
Medicine side effects:					
This was my breathing rating one hour after the medicine:					

0  
No  
shortness  
of breath

1

2

3

4

5  
Moderate  
shortness  
of breath

6

7

8

9

10  
Worst  
possible  
shortness of  
breath