

Symptom Log

Date/time	How would you describe the symptom/pain: (e.g. stabbing, burning, aching, sharp, dull, heaviness, throbbing, radiating)	How would you rate its intensity on a scale? 1-10 (1 = little discomfort, 10 = severe)	What were you doing? Consider circumstances surrounding symptoms (e.g. meal time, missed meds, emotional stress, exertion (sex, exercise, etc.))	How long did the symptom last? (minutes, hours)	How did you relieve it or what helped? (rest, nitro, heat, ice, massage)