Symptom Log

Filling out one of these forms for each symptom you are experiencing may be beneficial for both your own awareness as well as to provide information to anyone assisting you with your recovery. Try and be as detailed as possible.

Date or time in life the symptom(s) began:

________________________________________

________________________________________

________________________________________

Description of symptom(s):

________________________________________

________________________________________

________________________________________

________________________________________

What makes the symptom(s) worse?

________________________________________

________________________________________

________________________________________

What makes the symptom(s) better?

________________________________________

________________________________________

________________________________________

________________________________________

Treatment interventions you have tried in the past to resolve the symptoms and how they worked:

________________________________________

________________________________________

________________________________________

________________________________________

What would relief of these symptoms look like?

________________________________________

________________________________________

________________________________________