



SYMPTOMS DIARY

Convention: *severity/duration (e.g. 1/3 = low/symptom lasted for hours)*
Severity Scale: 1 = low, 2 = medium, 3 = high **Duration Scale:** 1 = seconds, 2 = minutes, 3 = hours, 4 = all day

Week of:

Symptoms	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Notes (time of day, place, triggers)
Anxious	/	/	/	/	/	/	/	
Brain Fog	/	/	/	/	/	/	/	
Depressed	/	/	/	/	/	/	/	
Dizziness	/	/	/	/	/	/	/	
Headache	/	/	/	/	/	/	/	
Hearing/difficulty hearing	/	/	/	/	/	/	/	
Lightheaded	/	/	/	/	/	/	/	
Nauseous	/	/	/	/	/	/	/	
Ringing in ears	/	/	/	/	/	/	/	
Tired/Fatigued	/	/	/	/	/	/	/	
Unbalanced	/	/	/	/	/	/	/	
Vertigo	/	/	/	/	/	/	/	
Vision/difficulty focusing	/	/	/	/	/	/	/	

How I feel today

I feel good								
I feel OK								
I do not feel OK								
I feel pretty bad								
I feel awful								