

Symptom diary template

Record any symptoms you experience related to your injury, including their frequency, severity, and how they affect your daily activities.

Symptom diary	
Symptom	Notes
Date	
Time	
Pain assessment	Notes
Provider/Service	
Pain level (0-10)	
Location on body	
Type (sharp/dull/throbbing)	
Duration	
Triggers	
Daily impact	Notes
Activities affected	
Work limitations	
Sleep quality	
Medications taken	
Treatment	Notes
Appointments attended	
Treatment received	
Progress/Changes	

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