

## **Symptom Tracker**

This sheet can be a useful tool in helping to identify if the treatment you are trying is helping you to improve.

**Pain/Symptom score:** You can score in the morning or evening, or both. As a reference 0/10 is no pain, 5/10 is moderate and distressing, 10/10 is agonizing and unbearable. You can choose any score between 1 and 10.

Make a note of anything you tried or did that helped ease your pain or symptoms, or made them worse?

## Week 1

Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Treatment tried							
Exercises done							
LXercises done							
Pain/Symptom Score out of 10							
33013 34t 31 13							
Type of pain/symptom							
pani/symptom							
Did anything else help or make							
things worse?							



## Week 2

Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Treatment tried							
Exercises done							
Pain/Symptom							
Score out of 10							
Type of							
pain/symptom							
Did anything else							
help or make things worse?							
900100.							



## Week 3

Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Treatment tried							
Exercises done							
Pain/Symptom							
Score out of 10							
Type of							
pain/symptom							
Did anything also							
Did anything else help or make							
things worse?							