

30 DAY SYMPTOM TRACKER

Date _____



RATE EACH SYMPTOM BASED ON THE FOLLOWING POINT SCALE: *(The goal is to have your total points decrease as you go through the program.)*

0 = Symptom is nonexistent
1 = Rarely
2 = OCCASSIONALLY
3 = FREQUENTLY, ALMOST DAILY
4 = SEVERE; OCCURS DAILY

- JOINTS/MUSCLE:**
- PAIN/ARTHRITIS _____
 - SWOLLEN _____
 - STIFFNESS _____
- HEAD:**
- HEADACHES _____
 - FAINTNESS _____
 - DIZZINESS _____
 - INSOMNIA _____
- EYES:**
- WATERY/ITCHY _____
 - SWOLLEN/RED _____
 - BAGS/DARK CIRCLES _____
 - BLURRY _____

- EARS:**
- ITCHY _____
 - INFECTIONS _____
 - DRAINAGE _____
 - RINGING _____
 - HEARING LOSS _____
- NOSE:**
- STUFFY _____
 - SINUS PROBLEMS _____
 - HAY FEVER _____
 - SNEEZING _____
 - POST NASAL DRIP _____
- MOUTH/THROAT:**
- CHRONIC COUGH _____
 - SORE THROAT _____
 - HOARSENESS _____
 - CONSTANT CLEARING _____
 - SWELLING _____
 - CANKER SORES _____
- HEART:**
- PALPITATIONS _____
 - CHEST PAIN _____

- SKIN:**
- ACNE _____
 - HIVES/RASH _____
 - HAIR LOSS _____
 - ODOR _____
 - SWEATING _____
- DIGESTIVE TRACT:**
- NAUSEA/VOMITING _____
 - DIARRHEA _____
 - CONSTIPATION _____
 - BLOATED _____
 - BELCHING/GASSY _____
 - HEARTBURN _____
 - CRAMPING _____
- WEIGHT:**
- GAIN _____
 - LOSS _____
 - CRAVINGS _____
 - FLUID RETENTION _____
- TOTAL POINTS:** _____

OTHER SYMPTOMS/NOTES:
