

**Appendix C**  
**SYMPTOM TRACKER**

Use this tracker to monitor specific symptoms and report changes to the doctor.

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**SYMPTOM TRACKER**

**Patient Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Physician Name and Contact:** \_\_\_\_\_

**Symptom/s being tracked:** \_\_\_\_\_

**Date started tracking:** \_\_\_\_\_

**For each day, rate the symptom severity and note any relevant details:**

**Date:** \_\_\_\_\_ **Severity (0=none, 10=worst):** \_\_\_\_\_

**Time of day:**  Morning  Midday  Evening  Night  All day

**Duration:** \_\_\_\_\_

**What makes it better:** \_\_\_\_\_

**What makes it worse:** \_\_\_\_\_

**Associated symptoms:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was the Nurse or Private MD Notified? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Why:** \_\_\_\_\_

**(Repeat for each day)**



Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”





