NAME:			GENERAL SYMPTOM LOG			
Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)	
11/01/2021	All Day	Joint Pain (Right Shoulder)	<u> </u>	Ibuprofen, 200mg every 4 hrs	Example: I could not move my right shoulder above my head. The pain was so bad I could not shower or care for myself.	
11/01/2021	09:00 to 15:00	Left Leg Nerve	Tinging, Numbness, Loss of Sensation	Gabapentin	Example: My left leg was tingling or numb through most of the day. I could not walk properly and it affected my ability to take care of daily tasks.	
11/01/2021	All Day	Difficulty Breathing	Struggled to breath, inhaler wasn't good enough and had to go to ER	Prednisone & Inhaler	Example: Lots of struggling to breathe, went to the Hospital (Facility Name, saw Dr. Smith) and was admitted outpatient on 11/01/2021. Went home the same day.	
11/01/2021	13:00 to 19:00	Face Rash Flare Up	Painful, itchy, red, long-lasting flare up	Hydrocortisone Cream	<i>Example:</i> The rash on my face flared up in the morning. It was incredibly itchy, red, and painful for the entire day. I used hydrocortisone cream, but it did not help much.	
Signature	:			Date:		

NAME:	ME: GENERAL S				SYMPTOM LOG		
Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)		
Signature	e:			Date:			

NAME: GE				NERAL SYMPTOM LOG		
Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)	
Signature: Date:						

NAME: GENERAL				NERAL S	SYMPTOM LOG
Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)
Signature: Date:					

NAME: (				ENERAL SYMPTOM LOG		
Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)	
Signature: Date:						

## Considerations for Different Conditions

Joint Considerations: Focus on reporting the limitations on range of motion, impacts the condition has upon daily function and movement of limbs and extremities, coordination, pain, reduced dexterity, and or/weakness. Record any medications taken, either over the counter or prescribed, such as Ibuprofen, Cyclobenzaprine (Flexeril), or Methocarbamol (Robaxin).

**Nerve Considerations:** Focus on reporting instances of tingling, pain, numbness, discomfort, loss of sensation, reduced dexterity, or limited motion and function of extremities. Record any medications taken, either over the counter or prescribed, such as Gabapentin.

**Respiratory Considerations:** Focus on reporting the severity and frequency of symptoms. Be sure to record any necessary treatments you undergo (whether in or out patient), any hospitalizations, and/or doctor's visits. Ensure you record the date, facility, and treating physician for any medical visits. Record any medications taken, either over the counter or prescribed, such as Prednisone and an inhaler.

**Skin Considerations:** Focus on reporting instances of pain, irritation, flare ups, location of the skin condition, and instability in scars. Record any medication taken, either over the counter or prescribed, such as Hydrocortisone cream.

If any of these conditions cause mental distress in anyway (for example, experiencing depression as a result of pain in a nerve or joint), please also complete a Mental Health Log to document your symptoms as appropriately.