

Symptom Diary

Please fill this out for one week before starting on the vitamins. Continue to chart once you are taking the vitamins regularly. Remember, it may take up to 3 months to notice any improvement in your symptoms.

Month: _____

Year: _____

Medications and dose: _____

Most distressing symptom (e.g. muscle pain, weakness, headaches, droopy eyelids):

Day	level (0-10 scale)*	Use of medications to treat symptom**	Activities (type and duration— e.g. walked 2 blocks, read newspaper)	Comments
1				
2				
3				
4				
5				
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28				
29				
30				
31				

* 0 being 'no symptom' and 10 being 'extreme symptom'

** name of medication, how much and how many times you took it

Overall comments: