Symptom diary

Date	Describe your symptom. How are you affected?	Is this a new symptom? Or one you have experienced before? Is it worse than previously experienced?	When did it start/stop?	Is the symptom constant or does it fluctuate? What makes it better or worse? (eg. heat, stress, time of day)	Score how the symptom affects you? One – not at all Five – extreme
eg. 01 Jul	eg. tight, stiff legs – difficult to walk	eg. I have experienced this before but not this tight/stiff	eg. a week ago and is continuous	eg. continuous but worse in the morning	eg. two/three