

# TRACKING YOUR PROGRESS



As you begin treatment, this symptom tracker can help you keep tabs on how you're feeling at each of your initial doses. This can make it easier to notice patterns and determine how well your treatment is working over time, and it gives you something to share with your doctor. It may also be helpful to **photograph** any problem areas that persist to give your doctor a clearer understanding of your experience.

**DOSE 1**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



AVERAGE



GOOD



EXCELLENT

**DOSE 2**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



AVERAGE



GOOD



EXCELLENT

**DOSE 3**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



AVERAGE



GOOD



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**DOSE 4**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



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**DOSE 5**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



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**DOSE 6**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



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**DOSE 7**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



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**DOSE 8**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



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**DOSE 9**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



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**DOSE 10**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



AVERAGE



GOOD



EXCELLENT

**DOSE 11**    DATE \_\_\_\_\_

**How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):**

Skin Appearance \_\_\_\_\_ Pain \_\_\_\_\_ Discomfort \_\_\_\_\_

Itching \_\_\_\_\_ Other \_\_\_\_\_

**How do you feel about your symptoms today?**



WORST



POOR



AVERAGE



GOOD



EXCELLENT