

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):

Pain _____ Stiffness _____ Discomfort _____ Skin _____

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):

Pain _____ Stiffness _____ Discomfort _____ Skin _____

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):

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 4 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 5 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 6 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 7 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 8 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 9 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT

DOSE 10 DATE _____

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

Pain _____ Stiffness _____ Discomfort _____ Skin _____

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):

Pain _____ Stiffness _____ Discomfort _____ Skin _____

Other _____

How do you feel about your symptoms today?



WORST



POOR



AVERAGE



GOOD



EXCELLENT