

# Daily Symptom Survey

Patient name:	Date:
<b>General well-being</b>	
<b>Patient Response</b>	
Overall well-being today	
<b>Pain</b>	
Experienced pain today	
Pain severity (1-10)	
<b>Fatigue level</b>	
Fatigue level (1 - 10)	
<b>Fatigue</b>	
Headache	
Dizziness	
Shortness of breath	
Nausea	
Muscle or joint pain	
Difficulty sleeping	
<b>Additional Comments</b>	
Comments on symptoms or experiences:	
<b>Signature</b>	
Patient signature:	
Date:	