



Patient Self Diary

Using the Physical Assessment Guide as a reference, use this form to document any symptoms, their treatment, and when they were reported to a health care professional. (For an example on how to use this form, please see the Patient Self Diary Example form).

Severity Scale (1 to 4)

1: Able to carry on daily activities normally 2: Symptoms mildly affect my day 3: Severe symptoms but gained relief after intervention 4: Severe symptoms; no relief gained

Name: _____ Date of Birth: _____ Page: _____

Date/Time	Element (symptom)	Severity (see scale above)	Intervention (treatment)	Comment/Result	Date/Time Reported
<i>April 19 12:15 pm</i>	<i>Constipation</i>	<i>2</i>	<i>fruit lax increased fluids</i>	<i>bowel movement at 6:30 pm</i>	<i>April 20 10 am to nurse</i>