



## 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