

## Health Diary for January - June 2017

Please feel free to use this optional form to help keep track of when you add/stop medications or have an important health event. We hope this will make it easier to fill out your **July 2017 questionnaire. This form is for your personal use only, you do not need to mail it to us.**

**Please enter ALL medications that you have started or stopped between January 1, 2017 and June 30, 2017, with or without a prescription.** Please include aspirin, birth control pills, pain pills, alternative therapy, health supplements and any pills sold in health food stores.

Name of drug, medicine or alternative therapy	Dose (if known)	Date Started in 2017	Date Stopped in 2017
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____
15) _____	_____	_____	_____

**Please list any health events you had between January 1, 2017 and June 30, 2017.** Please include hospitalizations, heart conditions, lung conditions, strokes, infections (cold and flu included), endoscopies, x-rays, urine analysis, etc.

Health Event	Date	What hospital or clinic
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____