



The National Databank for Rheumatic Diseases

JANUARY - JUNE 2019

PATIENT HEALTH DIARY

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 2019 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, 2019 and June 30, 2019, 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 2019	Date stopped in 2019
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, 2019 and June 30, 2019**. Please include hospitalizations, heart conditions, lung conditions, strokes, infections (cold and flu included), endoscopies, x-rays, urine analysis, etc.

Health Event	Date	Name of Hospital or Clinic
1.		
2.		
3.		
4.		
5.		
6.		

Please feel free to use this page to note anything else that you would like for us to know about during this time. If you're trying to keep track of your pain or any symptom management goals you have, you can use this page to easily keep track and share with your doctor. You can print as many as you like!

WEEK OF _____ - _____

PATIENT HEALTH DIARY



Pain rating



Exercise



Sleep quality



Brain Fog



Nutrition



Other Symptoms

OTHER NOTES:



Pain rating



Exercise



Sleep quality



Brain Fog



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