



The National Databank for Rheumatic Diseases

JULY - DECEMBER 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 January 2020 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 July 1, 2019 and December 31, 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.

Table with 4 columns: Name of drug, medicine, or alternative therapy; Dose (if known); Date started in 2019; Date stopped in 2019. Rows 1-15.

Please list any health events you had between July 1, 2019 and December 31, 2019. Please include hospitalizations, heart conditions, lung conditions, strokes, infections (cold and flu included), endoscopies, x-rays, urine analysis, etc.

Table with 3 columns: Health Event; Date; Name of Hospital or Clinic. Rows 1-6.

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

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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Other Symptoms

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OTHER NOTES:



Pain rating

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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Other Symptoms

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OTHER NOTES:



Pain rating

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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Other Symptoms

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OTHER NOTES:



Pain rating

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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Other Symptoms

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OTHER NOTES:



Pain rating

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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OTHER NOTES:



Pain rating

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Exercise

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Nutrition

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Other Symptoms

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OTHER NOTES:



Pain rating

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Exercise

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Sleep quality

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Brain Fog

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Nutrition

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Other Symptoms

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OTHER NOTES: