

BodySymptoms.com Tracker Chart©

NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input checked="" type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			
NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			
NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			
NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			
NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			
NAME	BEGIN DATE	END DATE	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5
<input type="checkbox"/> Check here when you have added symptoms to BodySymptoms.com	COMMENTS			ACTIONS TAKEN			

COMMENTS: should include foods eaten, accuracy of diagnosis, efficacy of the remedy, number of repeat occurrences, symptom duration, drug action/reaction, places visited, etc.

ACTIONS TAKEN: should include types of remedies (bed rest, hot/cold packs, humidifier, air purifier, exercise, etc.), medicine dosages and time e.g., 30mg 3 times daily, immunizations, operations, etc.)