

# My Osteoarthritis Symptom Journal

Week: \_\_/\_\_/\_\_

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Instructions: Place an "x" in the box that most closely represents your level of pain in the following scenarios:

	SUN	MON	TUE	WED	THU	FRI	SAT
Pain or tenderness							
Stiffness							
Swelling							
Crunching or grating							
Other symptoms							
<b>Describe . . .</b>							
. . . what you were doing when the pain began.							
. . . the severity of the pain.							
. . . the severity of the pain.							
. . . the pain duration.							
. . . the treatments you tried.							
. . . the effectiveness of the treatments.							

Additional comments: