



SGE INTERNATIONAL

Diary of Symptoms

Date	How bad was/were the pain/complaints? (scale 1-10)	What else was going on?*	What did you do about the complaints?	Did it help? (yes/no/a little)	How long did it last?

* for example: dizziness, shortness of breath, palpitations, no appetite, different diet, nausea, gas, vomiting, diarrhea, constipation, pain while urinating, menstruation, nervous/stress, exercise