

Symptom Diary

Name _____
 Month _____
 Year _____

Symptom (circle) Headache Dizziness Tinnitus

Other symptom _____

Medications #1 _____
 #2 _____
 #3 _____
 #4 _____

Instructions: For every day of the month log your symptoms and medications (if any). Draw vertical lines for symptoms, and horizontal lines or dots for medication use. Bring this log with you to your next doctor visit.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Severe																															
Mod																															
Mild																															
None																															
Med1																															
Med2																															
Med3																															
Med4																															
Notes																															

Adapted from Brain Loftus, Dec 2009, Practical Neurology

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