Month: _____

Symptom Tracker

Track changes:

- Dietary
- Sleep
- Emotional
- Environmental
- Medication
- Screen Time
- Illnesses
- Illness exposures

Current Medications

_____
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Symptom Examples:

Obsessions
Compulsions
Food refusal/avoidance
Anxiety (fears, phobias, separation anxiety)
Mood swings/moodiness
Suicidal ideation/behavior
Depression/sadness
Irritability
Aggressive behaviors
Oppositional behaviors
Hyperactivity/Impulsivity
Trouble paying attention
Behavioral regression
School performance
Handwriting/copying
Sleep disturbances
Daytime or bed wetting
Urinary frequency
Bothered by sound, light, smells, or textures
Hallucinations
Dilated/big pupils
Tics (Movements)
Tics (sounds)

Greater Regional HEALTH