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| **Symptom tracker** | | |
| Date: | Description of symptom: |  |
| Start and end times: |  |
| New symptom or not? |  |
| How severe? |  |
| What was happening when it started? |  |
| What did you do to treat it? |  |
| What helped? |  |
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| Start and end times: |  |
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| What did you do to treat it? |  |
| What helped? |  |