# Symptoms Log

ReBalance Physical Therapy

| Date | Quality<br>Describe how you felt & the intensity of your symptom | Duration<br>How long did your symptoms last?<br>(sec., min., hrs., all day) | Triggers<br>What were you doing when the symptom occurred? | Associated Symptoms<br>What other symptoms occurred with your dizziness?<br>(headache, nausea, tinnitus, etc.) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Symptoms Log

ReBalance Physical Therapy

| Date | Quality<br>Describe how you felt & the intensity of your symptom | Duration<br>How long did your symptoms last?<br>(sec., min., hrs., all day) | Triggers<br>What were you doing when the symptom occurred? | Associated Symptoms<br>What other symptoms occurred with your dizziness?<br>(headache, nausea, tinnitus, etc.) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |