

# Monitoring Form

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Name: \_\_\_\_\_

This page should contain a severity scale for each of your major symptoms. When you estimate the severity of each symptom, think back over the time since your last estimate (when you last filled out a copy of this form). Then place a mark on the scale that represents the average severity of the symptom during that time. When I say "average severity," what I mean is for you to mark what you subjectively feel has been the intensity of the symptom. Please don't puzzle or fret over the accuracy of your estimate; just mark what quickly comes into your mind as to the severity of the symptom since you last estimated it. (*Please use a dark pen.*)

Today's date: \_\_\_\_\_ Daily Thyroid dose: \_\_\_\_\_

Date you last increased to current dose: \_\_\_\_\_ Basal temperature: \_\_\_\_\_

Basal pulse rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_ Weight: \_\_\_\_\_

0	1	2	3	4	5	6	7	8	9	10
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Low sense of well-being

0	1	2	3	4	5	6	7	8	9	10
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0	1	2	3	4	5	6	7	8	9	10
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0	1	2	3	4	5	6	7	8	9	10
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0	1	2	3	4	5	6	7	8	9	10
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0	1	2	3	4	5	6	7	8	9	10
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0	1	2	3	4	5	6	7	8	9	10
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Comments: