



Health Journal for Month of _____ Scale 0 -----10

no/none a lot

	Pain (0 - 10)	Morning stiffness (how long)	Swollen <u>or</u> tender joints	Fatigue (tired) (0 - 10)	Stress (0 - 10)	Happiness (0 - 10)	Exercise (type, how long & how many times)	Satisfaction in doing daily activities (0 - 10)	Able to visit with family & friends (0 - 10)
Week 1									
Week 2									
Week 3									
Week 4									

Changes in medication/treatment:

During this month the arthritis made it difficult for me to:
 Get out of bed Wash myself Get dressed Reach/Grip objects Prepare meals Eat meals Walk Visit with family Work

During this month I noticed that I :
 moved better slept better had more energy had less pain felt happier other _____

During this month I felt generally _____ percent better or worse because _____