



Health Journal for Week 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)	Satisfaction in doing daily activities (0 - 10)	Able to visit with family & friends (0 - 10)
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Changes in medication/treatment:

This week 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

This week I felt generally _____ percent better or worse because _____.