

## SYMPTOM JOURNAL INSTRUCTIONS

We have requested that you keep a symptom journal; we do not need anything elaborate. About three times a week, make a short entry into the journal. Simply describe in two or three lines how your condition has impacted your ability to function over the last couple of days. We want you to be honest and describe your challenges and difficulties without exaggerating symptoms or complaints. This is an opportunity to put into words what it is like to live with your disability. Below are some examples of entries in a symptom journal.

1. MM/DD/YYYY

Had a good day yesterday, I felt good enough to go to church. My spouse dropped me off at the door so I didn't have to walk far; the stairs of the church were too much. When I got home my back was hurting so bad I had to sit in the recliner with a heating pad. The pain was about a 7 out of 10 and my medicine did not help much.

2. MM/DD/YYYY

The doctors gave me a new prescription. It has made me feel very sleepy and groggy, I can't concentrate or do much within 3 hours of taking the medicine, and I take it twice a day. It also has made me very nauseous and it has been hard to keep food down.

3. MM/DD/YYYY

The last 3 days my depression was so bad I was unable to get out of bed. I did not shower, change my clothes or do much of anything, other than use the bathroom, in the last 3 days. This is the second time this month that I've had an episode like this.

We ask that you submit the journals to us each calendar quarter-March 31, June 30, September 30, and December 31. You can send them by:

**Email:** [records@mkhansenlaw.com](mailto:records@mkhansenlaw.com) , with your name and "Symptom Journal" in the subject line

**Fax:** (402)436-3031

**Mail:** PO Box 85536, Lincoln NE, 68501