

# SYMPTOM MONITORING FORM

January, 2020

Date	Thoughts	Physical Response	Initial Severity (0-10 scale)	Intervention Used	Final Severity (0-10 scale)**

Severity Scale: 0= no symptoms to 10= the most severe symptoms I have ever felt

\*\* If your symptom level is still higher than what you would like even after practicing a specific intervention, add another intervention or repeat the same one again until you are feeling a decrease in the symptom.

Primary Care Behavioral Health



Military Health System  
health.mil