

Symptom Worksheet

Pain and Discomfort

1) Circle where you feel sensations.

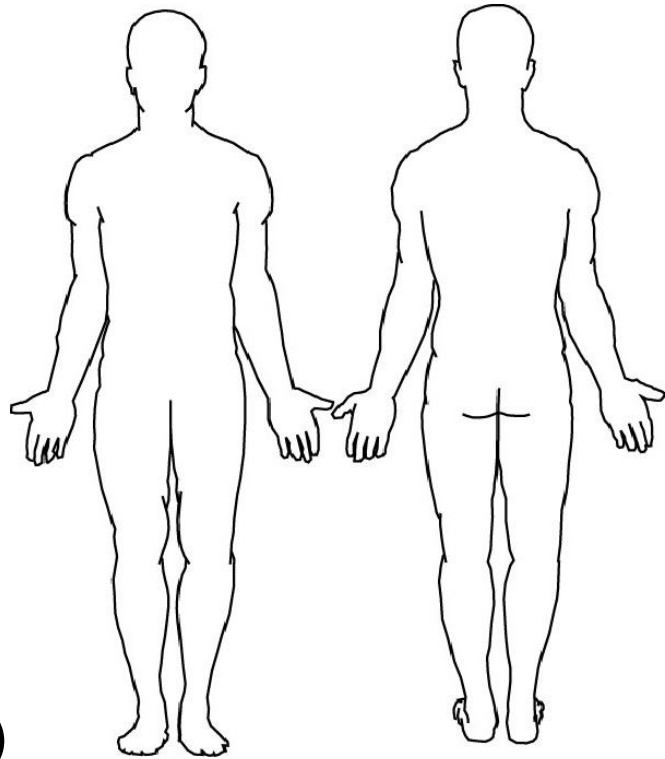
2) Describe The Sensation (Ex: tingling, stabbing, throbbing, ache.)

3) Describe limitations due to the pain (Ex: Can't lift cup to mouth, can't wear certain shoes, can't turn a door knob)

4) Reasons why you think this sensation is happening (ex: too much dairy, emotional fight with partner, weather changes)

5) Ideas to help this pain. (Eliminate cheese, Do EFT after fights, Sleep with a heating pad)

1)



2) _____

3) _____

4) _____

5) _____

***This can either be a daily or weekly check in. It's best to do one the first day of a trigger elimination and again at the end. For best results eliminate one trigger at a time and do the pain sheet several times throughout the 3 week process.