

Appendix III - Format for Diary for Recording Symptoms Step Two: Making Observations

Day of Week: _____ Date: _____

| Time | Location | Symptom Score | Observations |
|------------------------|----------|---------------|---|
| 6 a.m.- 12 noon | | | Air:* _____ Oral:* _____ Skin:* _____ Social:* _____ Other: _____ |
| 12 noon- 6 p.m. | | | Air: _____ Oral: _____ Skin: _____ Social: _____ Other: _____ |
| 6 p.m.- 12 midnight | | | Air: _____ Oral: _____ Skin: _____ Social: _____ Other: _____ |
| 12 midnight- 6 a.m. | | | Air: _____ Oral: _____ Skin: _____ Social: _____ Other: _____ |

Suggested Observations

***Air and Surroundings**

Indoors
Outdoors
Dust or Pollen
Air or Heating Vent
Location
Animals and Pets
Plants
Other

***Oral Intake**

Drugs (list)
Food
Liquids
Toothpaste
Mouthwashes
Other

***Skin Contacts**

Cosmetics
Soap
Laundry Detergent
Clothing
Jewelry
Other

***Social Setting and People**

People Present
Conversation Topics
In-laws
People in Thoughts
Memories
Dreams
Other

Step Two: (Use a separate page for each day of the week)

Using the information from Step One, begin to make observations for the time period preceding the intense symptom. Pay attention to substances, people, and your surroundings. Ask yourself:

- What am I doing in my life that I should *not* be doing?
- What am I *not* doing in my life that I should be doing?