

Dates:	S	M	T	W	T	F	S
Fatigue: Feeling weak or more tired than usual with no changes in routine	None	None	None	None	None	None	None
	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
	Severe	Severe	Severe	Severe	Severe	Severe	Severe
Aches and pains: Discomfort in muscles or joints	None	None	None	None	None	None	None
	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
	Severe	Severe	Severe	Severe	Severe	Severe	Severe
Sleep: Changes in sleep patterns, amount of sleep, or ability to sleep	None	None	None	None	None	None	None
	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
	Severe	Severe	Severe	Severe	Severe	Severe	Severe
Mood: Negative or positive changes in mood (from general sense of well-being to anxiety, fear, sadness, isolation, etc.)	None	None	None	None	None	None	None
	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
	Severe	Severe	Severe	Severe	Severe	Severe	Severe

Directions: Use the notes section to list any other symptoms or changes in your health.

Dates:

Notes

General changes: List any fluctuations in your life, including any changes in diet, exercise, supplemental oxygen, or other management techniques.

Directions: Use the notes section to list any other symptoms or changes in your health.

Dates:

Notes

General symptoms: Record any other symptoms you may have, including feeling generally unwell, skin rash, dry eyes or mouth, or rounding or widening of fingertips or toes (clubbing).

Other notes: Anything else you'd like to mention to your healthcare provider, including changes in how you feel, questions, goals, concerns, and more.

Find additional ILD support and resources at LungsandYou.com.

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07/20 PC-US-116687

