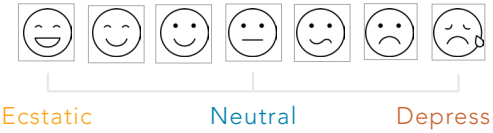
Treatment Tracker

Date: / /

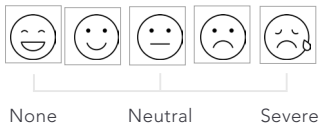
Last night's sleep: 1 2 3 4 5 6 7 8 9 10

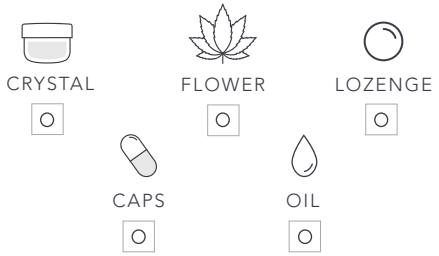
Before today's treatment, I feel:



Morning

SYMPTOMS BEFORE DOSE

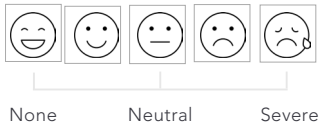




DOSE: _____

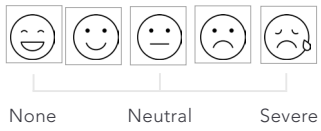
DROPS / ML / INHALES / NUMBER

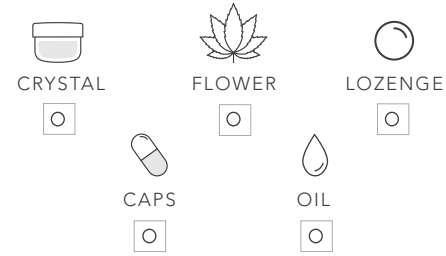
SYMPTOMS AFTER DOSE



Midday

SYMPTOMS BEFORE DOSE

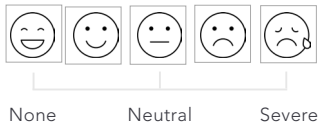




DOSE: _____

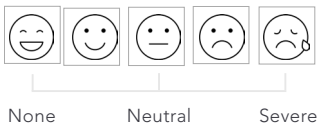
DROPS / ML / INHALES / NUMBER

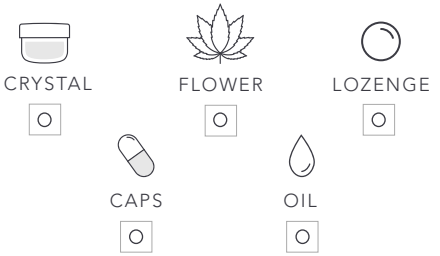
SYMPTOMS AFTER DOSE



Evening

SYMPTOMS BEFORE DOSE

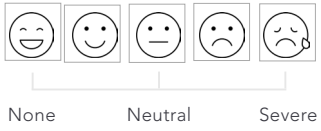




DOSE: _____

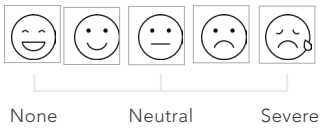
DROPS / ML / INHALES / NUMBER

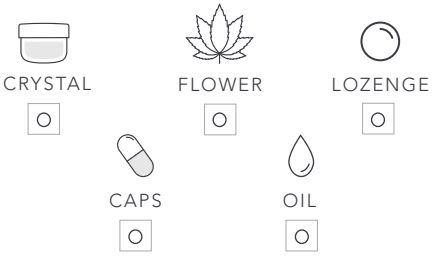
SYMPTOMS AFTER DOSE



Night

SYMPTOMS BEFORE DOSE

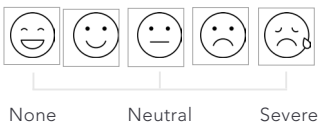




DOSE: _____

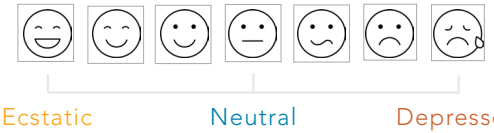
DROPS / ML / INHALES / NUMBER

SYMPTOMS AFTER DOSE



Unwanted Symptoms: _____

_____

_____

After today's treatment, I feel: