

Living with Chiari – Symptom Diary

week / /

This diary is designed to help you track your Chiari symptoms over time and communicate more clearly with your doctor. Record information about the frequency, duration, and intensity of your symptoms. Please rate your headache or other body pain on a scale: 0 = no pain and 10 = worst pain. The five most common Chiari symptoms are listed, but feel free to write in others you experience. Make copies of this diary page; record the week and date for as long as instructed. Take the diary with you to each appointment.

	Headache / pain (location, trigger, severity?)	Throat / swallow (cough, pain, gagging?)	Sleep / fatigue (hours of sleep, snoring?)	Numb / tingling (location, feeling, weakness?)	Balance (dizzy, trouble walking?)	Other
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

Rate your ability to function this week: Very good Good, but limited Limited Poor Unable to do anything

For a complete list of Chiari symptoms, visit www.mayfieldchiaricenter.com