



FULL SPECTRUM
M E D I C I N E

THE CONCUSSION REPAIR MANUAL

PHYSICAL SYMPTOMS
Worksheets

PHYSICAL SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any physical symptoms you're experiencing

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Enter date and/or day of week here							
Headaches							
Dizziness							
Poor balance and/or coordination							
Sensitivity to light							
Insomnia and/or poor sleep quality							
Low energy levels/ feelings of fatigue							
Deereased libido							
Poor appetite and/or digestive problems							
Reduced muscle strength							

PHYSICAL SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any physical symptoms you're experiencing

	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
Enter date and/or day of week here							
Headaches							
Dizziness							
Poor balance and/or coordination							
Sensitivity to light							
Insomnia and/or poor sleep quality							
Low energy levels/ feelings of fatigue							
Deereased libido							
Poor appetite and/or digestive problems							
Reduced muscle strength							

PHYSICAL SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any physical symptoms you're experiencing

	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
Enter date and/or day of week here							
Headaches							
Dizziness							
Poor balance and/or coordination							
Sensitivity to light							
Insomnia and/or poor sleep quality							
Low energy levels/ feelings of fatigue							
Deereased libido							
Poor appetite and/or digestive problems							
Reduced muscle strength							

PHYSICAL SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any physical symptoms you're experiencing

	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
Enter date and/or day of week here							
Headaches							
Dizziness							
Poor balance and/or coordination							
Sensitivity to light							
Insomnia and/or poor sleep quality							
Low energy levels/feelings of fatigue							
Deereased libido							
Poor appetite and/or digestive problems							
Reduced muscle strength							

PHYSICAL SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any physical symptoms you're experiencing

	DAY 29	DAY 30	DAY 31
Enter date and/or day of week here	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headaches			
Dizziness			
Poor balance and/or coordination			
Sensitivity to light			
Insomnia and/or poor sleep quality			
Low energy levels/feelings of fatigue			
Deereased libido			
Poor appetite and/or digestive problems			
Reduced muscle strength			