Date:…….

Chart to track ANY symptoms including: headaches, soreness of the eyes, dry or itching eyes, blurry vision

									Total
Symptom	Duration	Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Headache = 1
Sore eyes = 2
Light Headed = 3
Dry/Itching eyes = 4
Blurry vision = 5
Other = 6

Other – indicate below:

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