TRACKING MY PROGRESS

Week #	S	M	Т	w	Th	F	S	NOTES
Pain level 0 = none, 10 = high level								
Pain Medication Number of times needed								
Incision Check Redness - Swelling - Heat - Other								
Redness or Swelling Yes/No/Location								
Prescribed Medications Taken Yes/No								
Exercise and Activity Note Increase/Decrease in time or distance/Other								
Normal Activities Note changes in daily ability								
Other								