

**WEEKLY SYMPTOM MANAGEMENT TECHNIQUE JOURNAL**

Week of \_\_\_\_\_

| What technique did you try?       | What did you do?                                   | How long did you try it for? | How did it make you feel?  |
|-----------------------------------|--|------------------------------|--|
| <i>EXAMPLE:<br/>Sleep hygiene</i> | <i>Avoided screens for 2 hours before bedtime.</i> | <i>1 week</i>                | <i>Took less time to fall asleep. Felt more rested in the morning.</i> |
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