

Problem

Date

✓ Level of Problem

None Slight Some Frequent Constant

Joint Comfort now [date: _____]

Morning Stiffness

Mobility Issues

Joint Comfort 2 weeks later [date: _____]

Morning Stiffness

Mobility Issues

Joint Comfort 4 weeks later [date: _____]

Morning Stiffness

Mobility Issues

Joint Comfort 6 weeks later [date: _____]

Morning Stiffness

Mobility Issues