Weill Cornell Medicine
Brain & Spine Center

Collar Trial Symptom Log

Name: _____

Before wearing the collar, for one week, mark each symptom that is applicable to you on a scale from 1-10 (with 1 being mild pain and 10 being severe pain) for each day of the week. Mark "NA" if not applicable

Pre-Collar Diary

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Brain & Spine Center

Collar Trial Symptom Log

Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Collar Trial Symptom Log

Name: _____

Mark each symptom that is applicable to you on a scale from 1-10 (with 1 being mild pain and 10 being severe pain) for each day of the week. Mark "NA" if not applicable

Week One

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Name: _____

Week Two

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Name: _____

Week Three

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Collar Trial Symptom Log

Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Name: _____

Week Four

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Collar Trial Symptom Log

Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Name: _____

Week Five

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Collar Trial Symptom Log

Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Name: _____

Week Six

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Back of head pain								
Front of head pain								
Side of head pain								
Pain all over head								
Neck pain								
Sensitivity to light								
Pressure behind eyes								
Blurred vision								
Double vision								
Visual Floaters								
Ringing in ears								
Dizziness								
Tremors								
Unsteady with walking								
Difficulty swallowing								
Hoarse voice								
Snoring								
Poor Sleep								
Black out spells								

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Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
Date								
Palpitations								
Tingling in upper extremities								
Tingling in lower extremities								
Weakness in Upper extremities								
Weakness in Lower Extremities								
Difficulty grasping small objects								
Urinary incontinence								
Bowel Incontinence								
Constipation								
Diarrhea								
Lower back pain								
Arm Pain								
Leg pain								
Do you have difficulty retrieving words?								
Poor memory								
Depression								
Anxiety								
Other:								

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Please use this space to tell us your experience while wearing the collar.

Be sure in to include any thoughts and details not documented in the symptom log.