

### TEMPERATURE LOG

	DATE	A.M. TEMP	A.M. TIME	P.M. TEMP	P.M. TIME	SYMPTOMS	Essentials for daily living needs identified (Yes/No, If yes, please clearly identify needs)
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
Day 8							
Day 9							
Day 10							
Day 11							
Day 12							
Day 13							
Day 14							