

MORNING STIFFNESS TRACKER

Monthly Log

Name: _____

Month/Year: _____

DATE	TIME TO LOOSEN (MINS/HRS)	INTENSITY (1-10)	AFFECTED JOINTS / NOTES
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Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Clinical Observations & Medication Changes:

1 - Minimal (Hardly noticeable) 5 - Moderate (Affects mobility) 10 - Severe (Total immobilization)