

DAILY ITCH REPORT CARD

PATIENT: _____

DATE: _____

DAY 1		0	1	2	3	4	5	6	7	8	9	10	
DAY 2		0	1	2	3	4	5	6	7	8	9	10	
DAY 3		0	1	2	3	4	5	6	7	8	9	10	
DAY 4		0	1	2	3	4	5	6	7	8	9	10	
DAY 5		0	1	2	3	4	5	6	7	8	9	10	
DAY 6		0	1	2	3	4	5	6	7	8	9	10	
DAY 7		0	1	2	3	4	5	6	7	8	9	10	
DAY 8		0	1	2	3	4	5	6	7	8	9	10	
DAY 9		0	1	2	3	4	5	6	7	8	9	10	
DAY 10		0	1	2	3	4	5	6	7	8	9	10	
DAY 11		0	1	2	3	4	5	6	7	8	9	10	
DAY 12		0	1	2	3	4	5	6	7	8	9	10	
DAY 13		0	1	2	3	4	5	6	7	8	9	10	
DAY 14		0	1	2	3	4	5	6	7	8	9	10	
DAY 15		0	1	2	3	4	5	6	7	8	9	10	

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DAY 16		0	1	2	3	4	5	6	7	8	9	10	
DAY 17		0	1	2	3	4	5	6	7	8	9	10	
DAY 18		0	1	2	3	4	5	6	7	8	9	10	
DAY 19		0	1	2	3	4	5	6	7	8	9	10	
DAY 20		0	1	2	3	4	5	6	7	8	9	10	
DAY 21		0	1	2	3	4	5	6	7	8	9	10	
DAY 22		0	1	2	3	4	5	6	7	8	9	10	
DAY 23		0	1	2	3	4	5	6	7	8	9	10	
DAY 24		0	1	2	3	4	5	6	7	8	9	10	
DAY 25		0	1	2	3	4	5	6	7	8	9	10	
DAY 26		0	1	2	3	4	5	6	7	8	9	10	
DAY 27		0	1	2	3	4	5	6	7	8	9	10	
DAY 28		0	1	2	3	4	5	6	7	8	9	10	
DAY 29		0	1	2	3	4	5	6	7	8	9	10	
DAY 30		0	1	2	3	4	5	6	7	8	9		