

# My Symptom Tracker

## What are the **symptoms** of schizophrenia?

Below you'll find an overview of some of the symptoms associated with schizophrenia.

**Positive symptoms** are additional experiences that your brain creates. They can include hallucinations (hearing and seeing things that aren't there), delusions (holding beliefs that are not true or based in reality), and difficulty thinking or speaking.

**Negative symptoms** are like missing pieces of your usual self. They can include lacking motivation, decreased sense of joy or happiness, showing little emotion, and social withdrawal.

**Cognitive symptoms** affect how you think and process information. They can include trouble with memory, difficulty understanding and making decisions, and difficulty paying attention.

Note: This is not a complete list, and everyone living with schizophrenia experiences symptoms differently.

Tracking your symptoms every day can be a great way to continue the conversation with your healthcare team. Please fill in the date and the bubble that describes your symptoms.

Date	How were your <b>overall symptoms</b> ?			How was your <b>energy level</b> ?			How many hours did you sleep?
	Better	Same	Worse	High	Medium	Low	
___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
___/___/___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Here, you can note any **changes in your symptoms** over the past week:

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