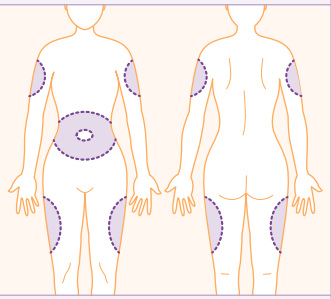
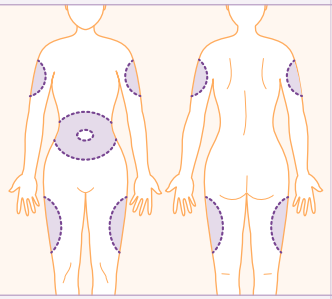
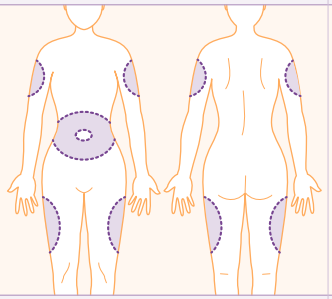
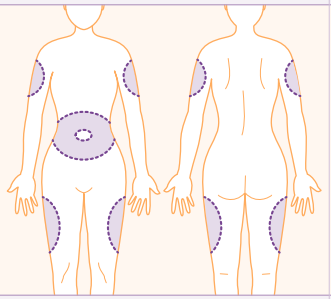
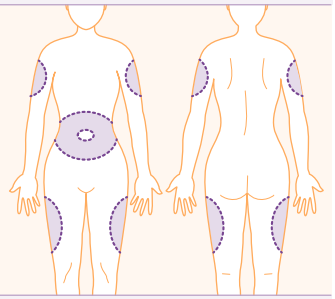
Date and day of the week					
Where did you inject? Mark with an "X."					
How is your PsA today?	1 2 3 4 5 good bad	1 2 3 4 5 good bad	1 2 3 4 5 good bad	1 2 3 4 5 good bad	1 2 3 4 5 good bad
What healthy activities (exercise, eating well) did you do today?					
Other medicines or supplements you took today?					
Notes					