



Multiple Chemical Sensitivity (MCS)



Activity and Symptom Tracking

Empowering Community and Removal of Barriers (ECRoB) Project

Date: _____

day	quality of sleep (1-10)	activities	symptoms	source/s of exposure	level of capacity after exposure (1-10)	problems and barriers encountered (1-10)
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Association pour la santé environnementale du Québec / Environmental Health Association of Québec (ASEQ-EHAQ)



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Activity and Symptom Tracking

Saturday						
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This form is available to print or download at your convenience. This information can help to: monitor if you are getting better or worse, and you can show this chart to your doctor or health professional, help to talk to Human Resources in the workplace, and share it with a lawyer or any professional.

quality of sleep	On a scale of 1 to 10, 1 being extremely poor and ten being close to perfect. How did you feel when you woke up in the morning?
activities	What did you do that made you ill? Was it the: workplace, bank, grocery store, hospital, doctor's office, etc?
symptoms	Write your symptoms.
source/s of exposure	What were you exposed to?
Level of capacity after exposure	On a scale of 1 to 10, how do you feel and for how long? Hours? Days?
Problems and barriers encountered	If you asked for accommodation, how were you responded to? Enter names, addresses, and times. Did you ask for accommodations before you went to this place?

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