Candida Symptoms Chart (what is changing over time?)

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LIST SYMPTOM	DATE	HOW BAD? SCALE OF 1 -10 (10 =worst)	DATE	HOW BAD? SCALE OF 1 -10 (10 =worst)	DATE	HOW BAD? SCALE OF 1 -10 (10 =worst)
Example: Bloating	2-3-09	8	4-6-09	5	5-2-09	1