OKLAHOMA DEPARTMENT OF CORRECTIONS Edmonton Symptom Assessment Graph

Symptom	Scale	Mont	Month: Month: Month: Mo														Mon	Month:			
Symptom	Scale								 		w	Week 1 Week 2 Week 3 Week 4 Week									W 15
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Other	1 2 3 4 5																				
Other	1 2 3 4 5																				

Inmate Name (Last, First)

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