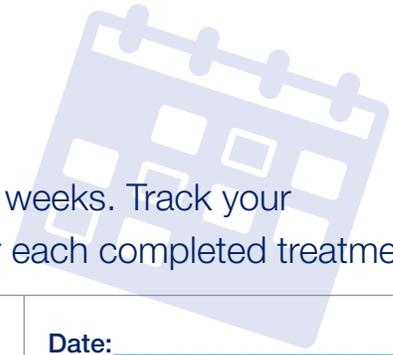


# Treatment tracker

With HDF, many people start to feel better in just a few weeks. Track your treatments — and your progress. Give yourself a star for each completed treatment!



<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>

*Track more treatments on the back.*



# Treatment tracker

<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>
<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>	<p>Date: _____</p> <p>Full treatment completed: </p> <p>Today I'm feeling... _____</p>



## Mindful minute

Look back at how your experience has changed over time. Share what you discover with your care team.