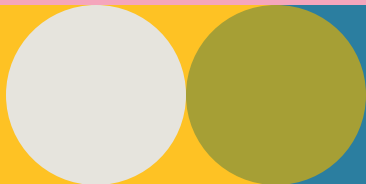
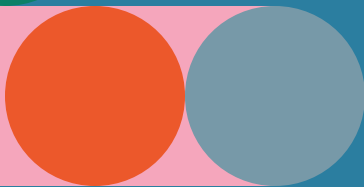


Facial Pain Journal



A Journal Made by a
Facial Pain Patient



Facial Pain Journal

A Journal Made by a Facial Pain Patient

Written & Designed by

Michele Vogt

Publisher's Note:

This publication is not a replacement for treatment by a medical professional.

Dedicated

To my loving family and friends
who keep me going and help me
push through the pain.

Date _____

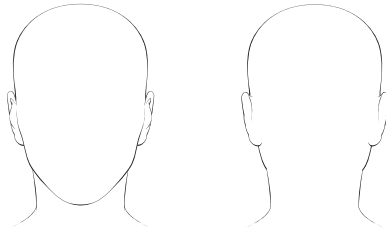
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



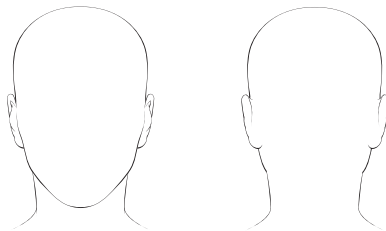
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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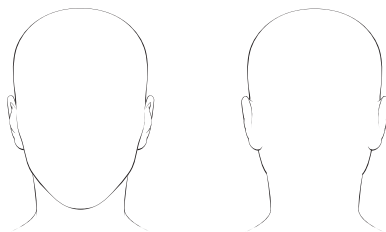
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
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- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

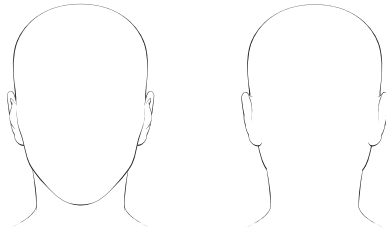
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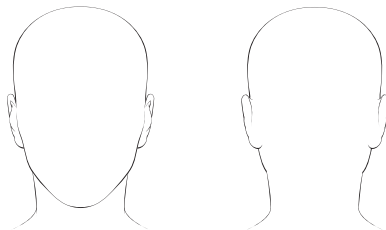
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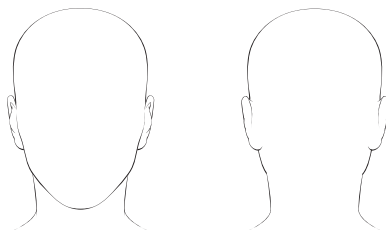
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Overall Assessment

Pain Level

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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Strength Level

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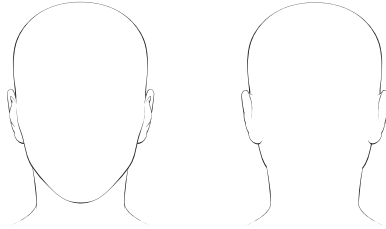
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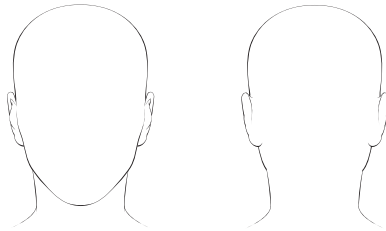
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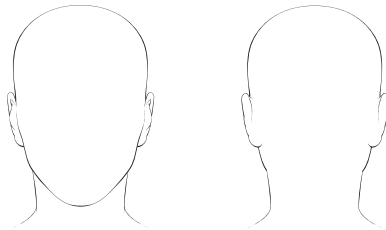
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Strength Level

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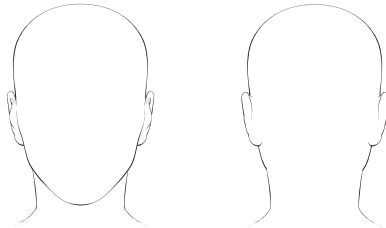
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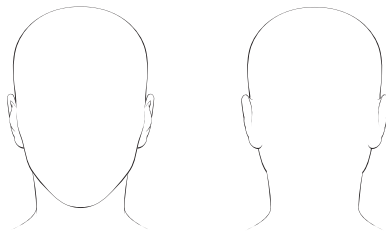
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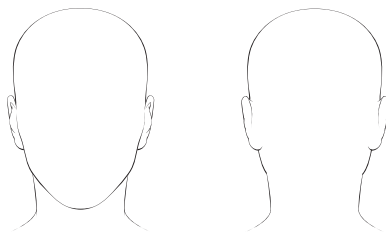
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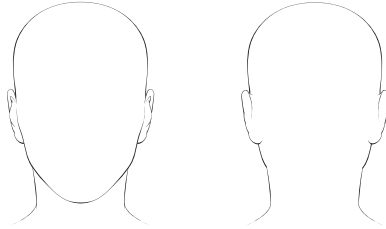
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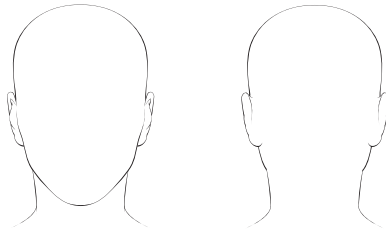
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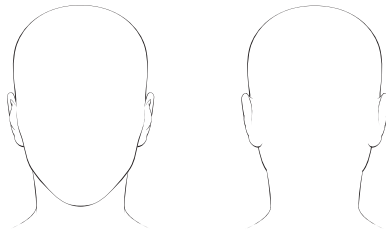
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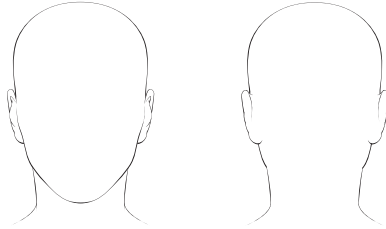
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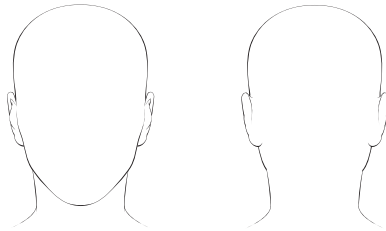
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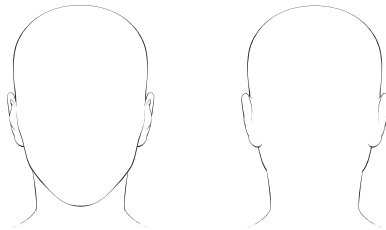
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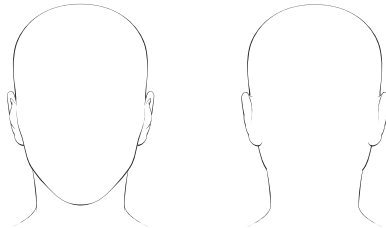
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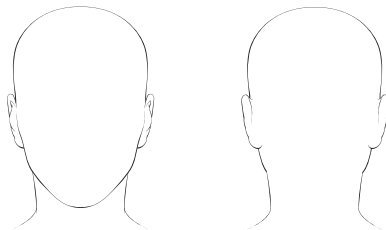
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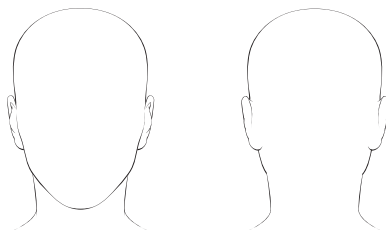
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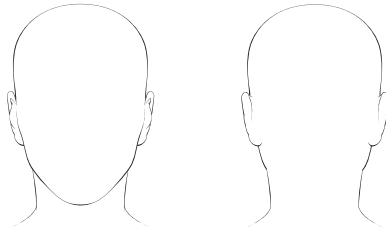
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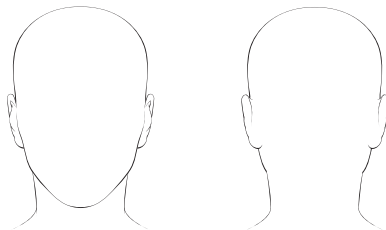
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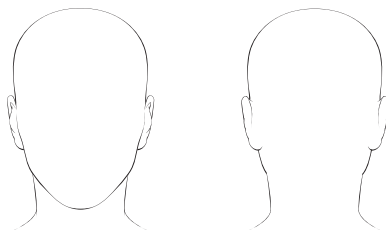
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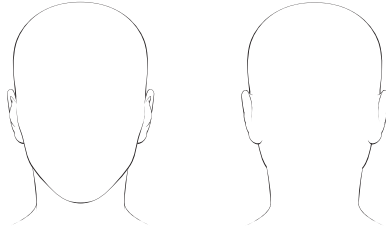
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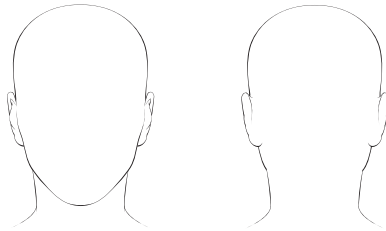
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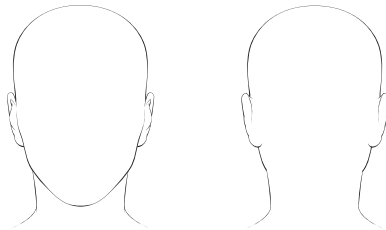
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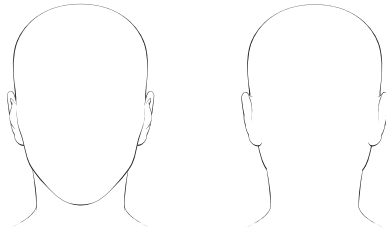
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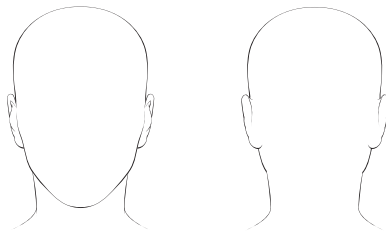
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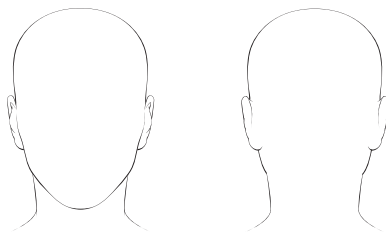
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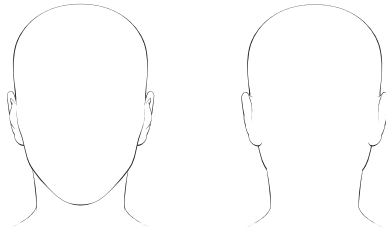
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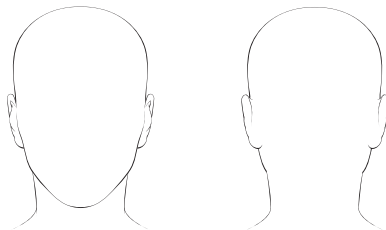
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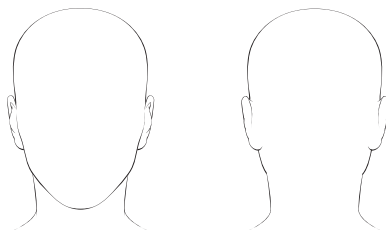
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_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

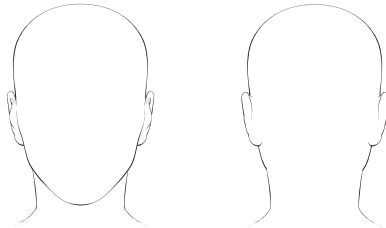
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



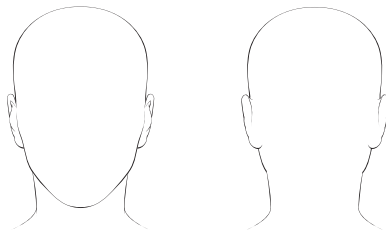
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



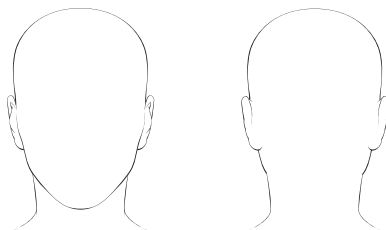
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

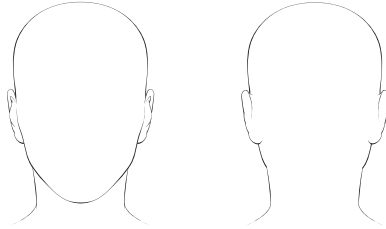
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



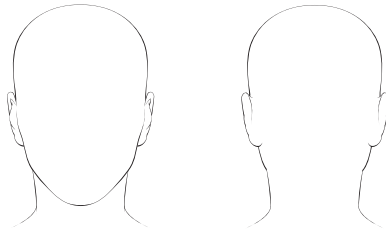
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



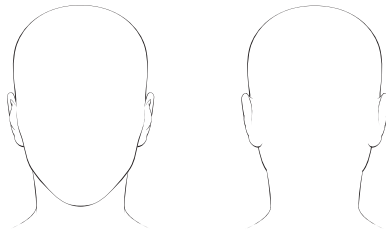
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

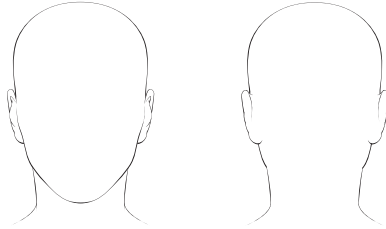
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



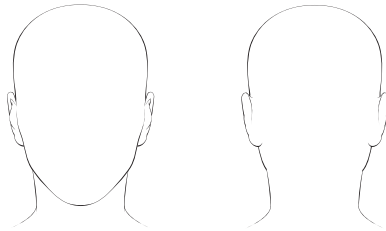
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



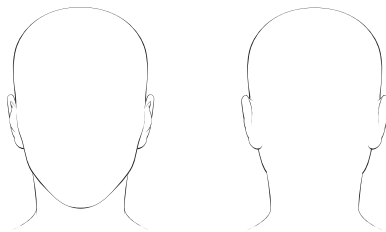
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

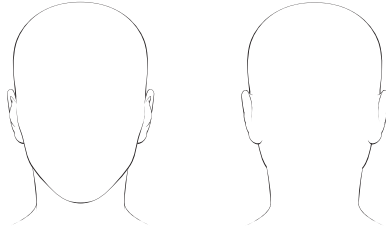
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



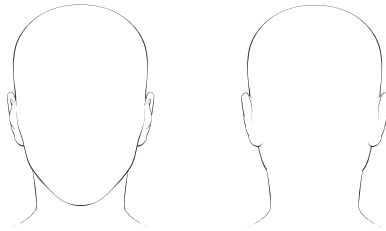
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



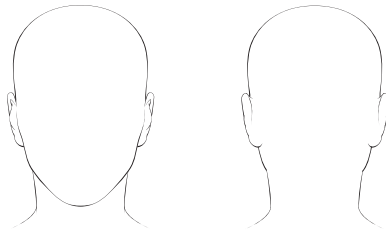
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

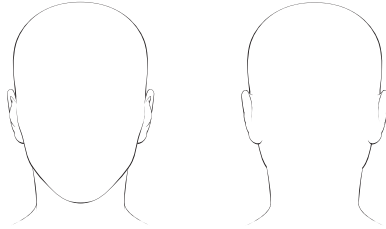
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



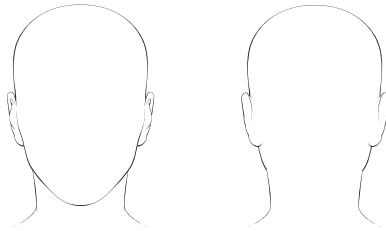
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



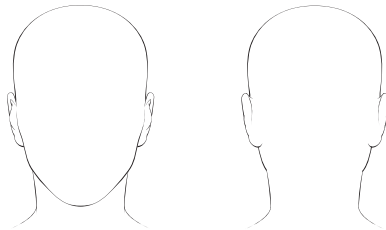
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

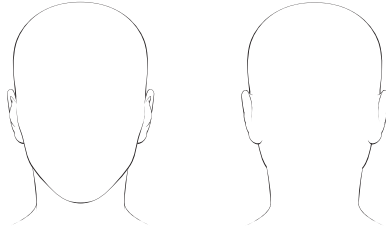
Morning Pain Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



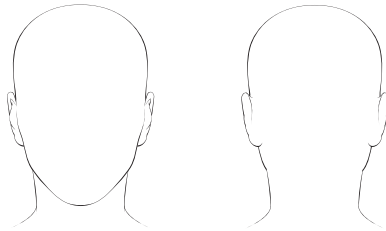
Afternoon Pain Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



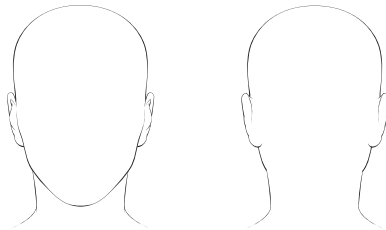
Evening Pain Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Energy Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Stress Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Strength Level

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Sleep Quality

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Notes

Date _____

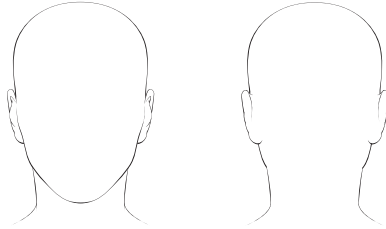
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



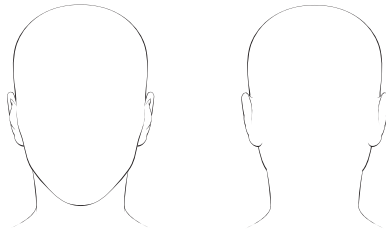
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



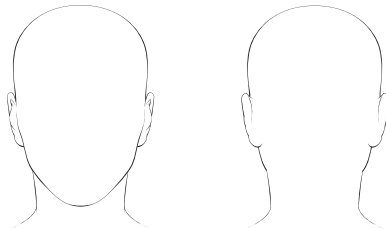
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

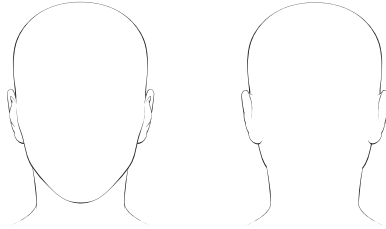
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



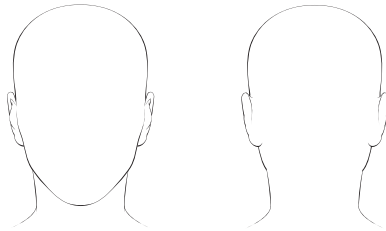
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



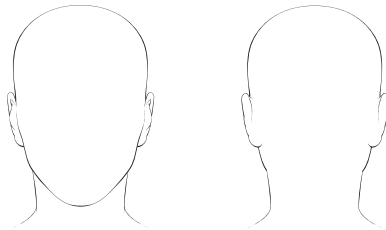
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

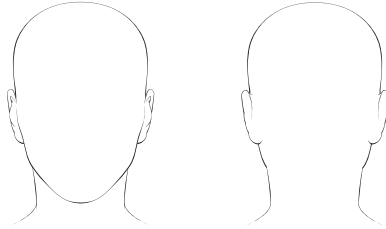
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
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Location



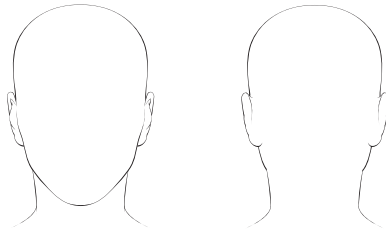
Afternoon Pain Level

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Description

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Location



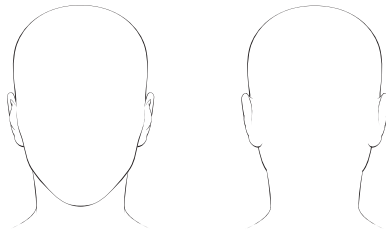
Evening Pain Level

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- electrical
- stabbing
- tingling
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- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

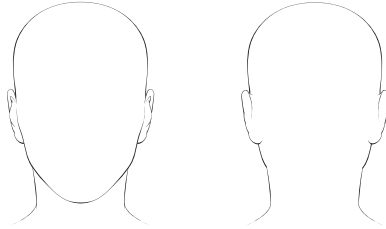
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- stabbing
- tingling
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Location



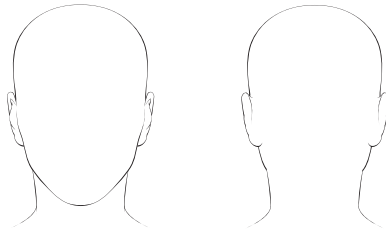
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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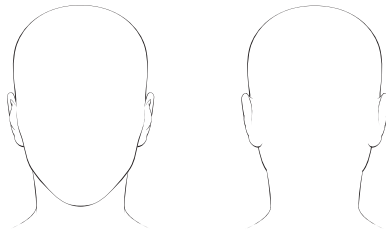
Evening Pain Level

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Description

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- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

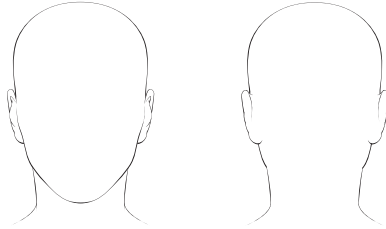
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
- throbbing
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- _____

Location



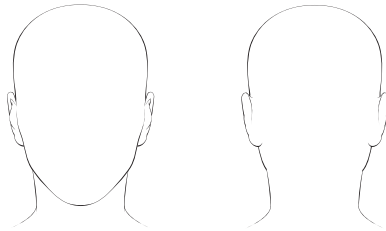
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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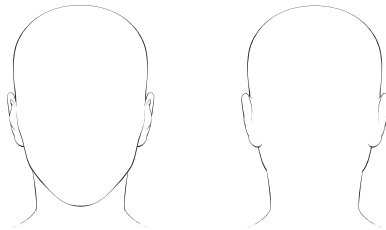
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Description

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- tingling
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- _____
- _____

Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

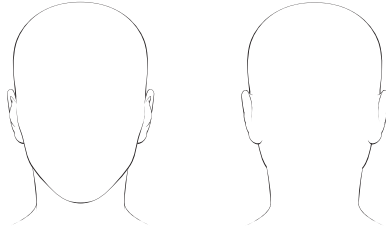
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



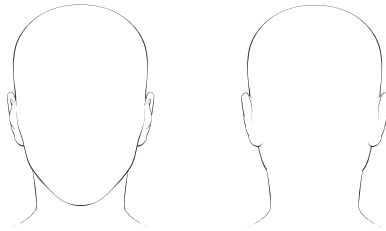
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



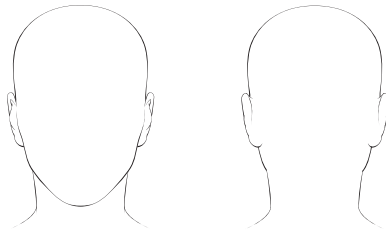
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

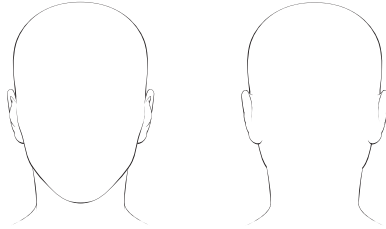
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
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- tingling
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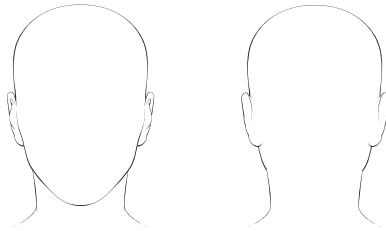
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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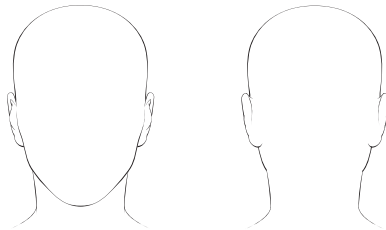
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Location



Medications

No Changes

_____	_____
_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

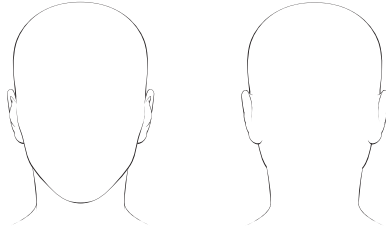
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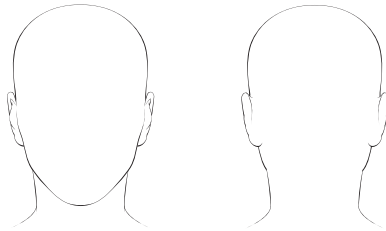
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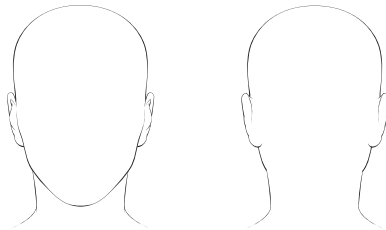
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

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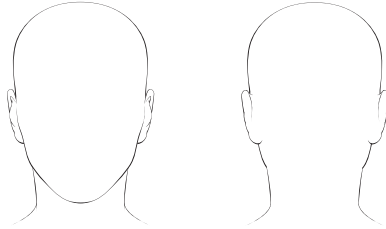
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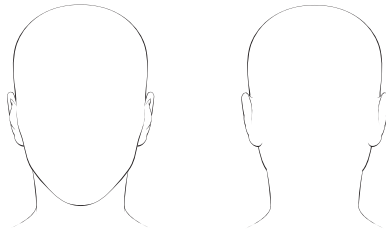
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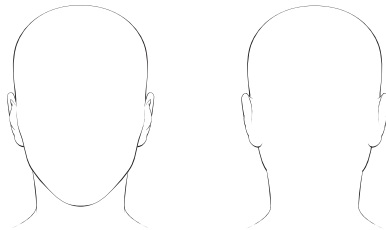
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Medications

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Overall Assessment

Pain Level

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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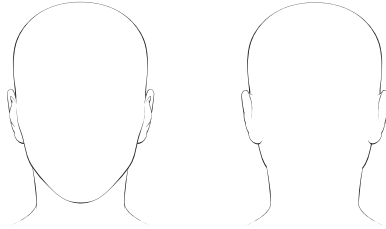
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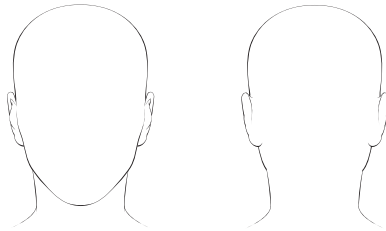
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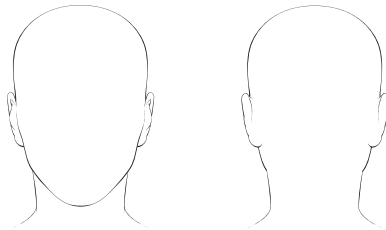
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Medications

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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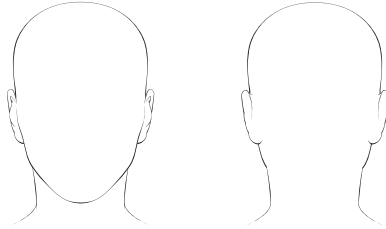
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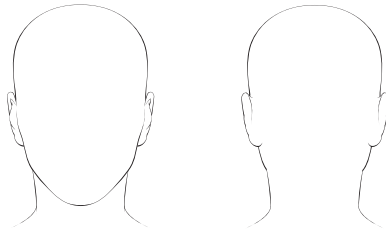
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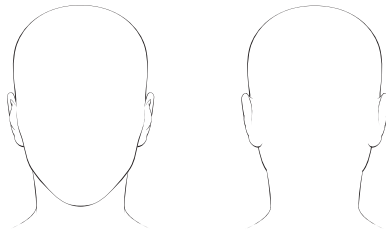
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Medications

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Date _____

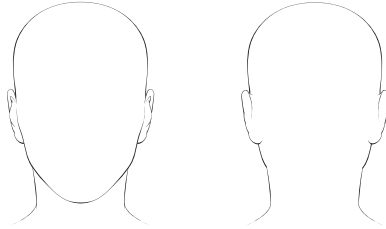
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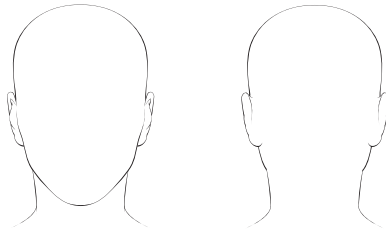
Afternoon Pain Level

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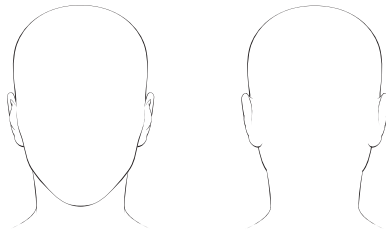
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Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

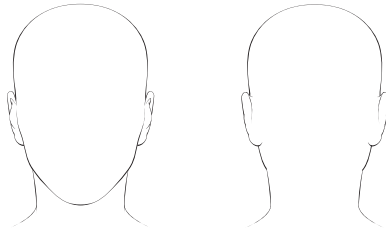
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- stabbing
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Location



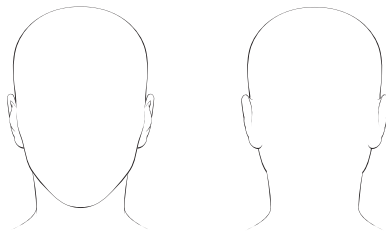
Afternoon Pain Level

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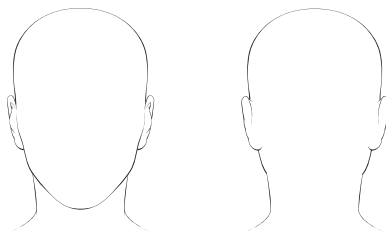
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Location



Medications

No Changes

_____	_____
_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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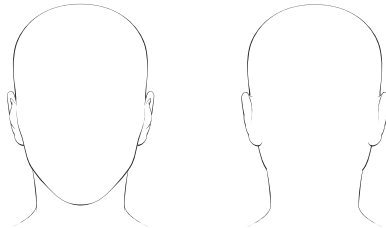
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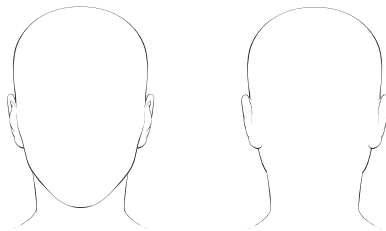
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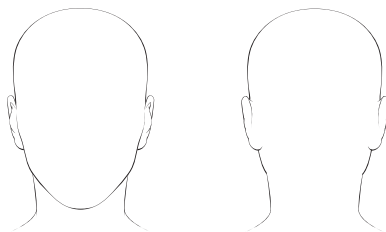
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Overall Assessment

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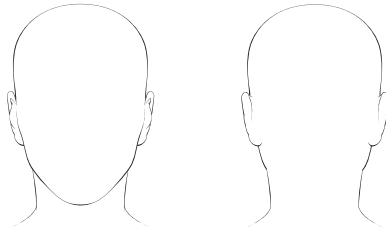
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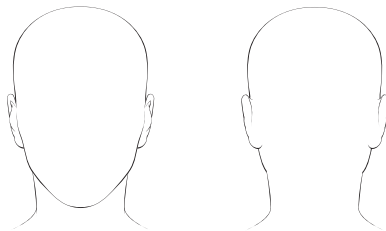
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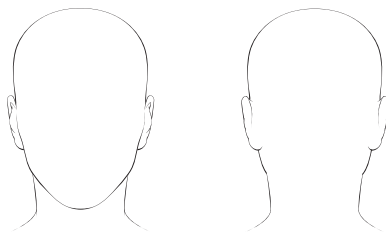
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Overall Assessment

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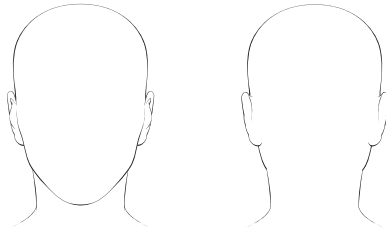
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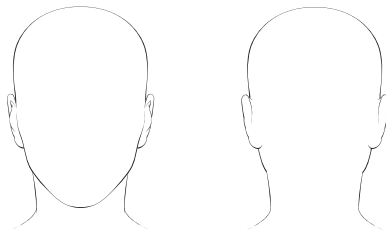
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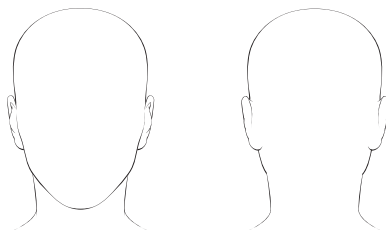
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Overall Assessment

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Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

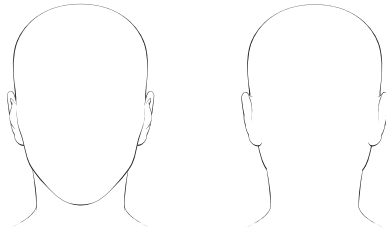
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



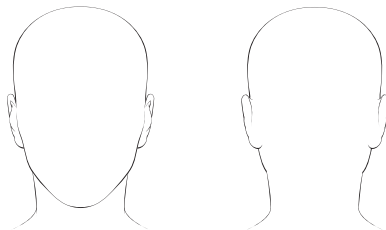
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



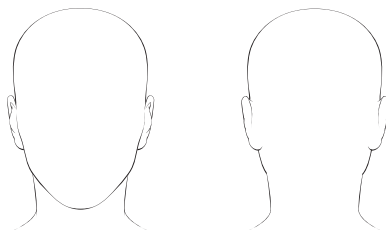
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

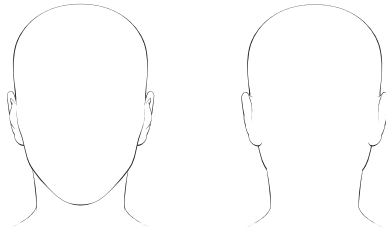
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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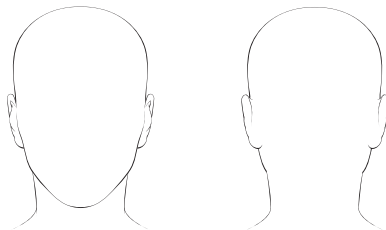
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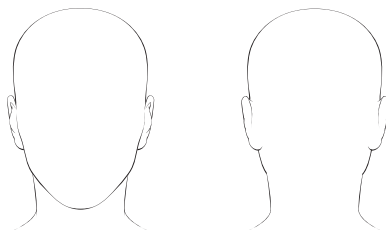
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Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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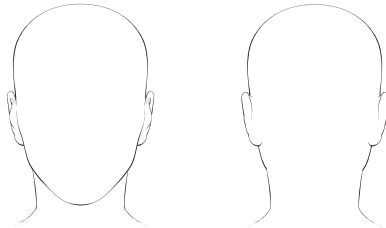
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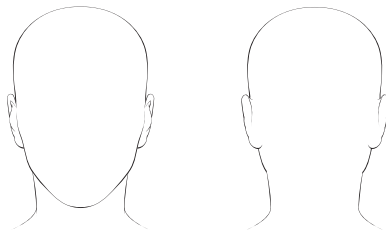
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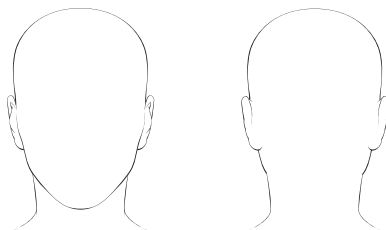
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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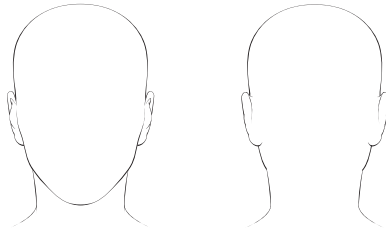
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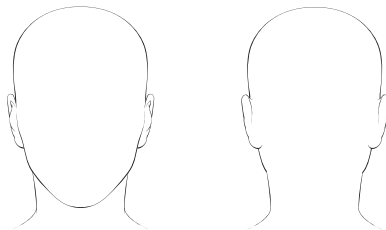
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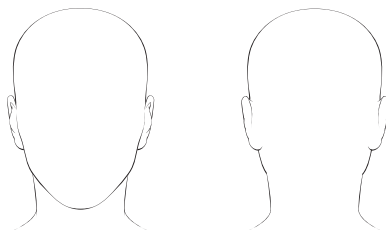
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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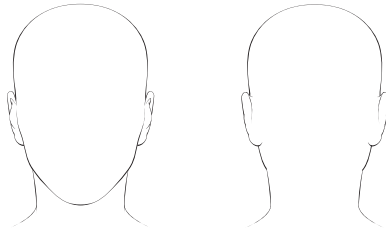
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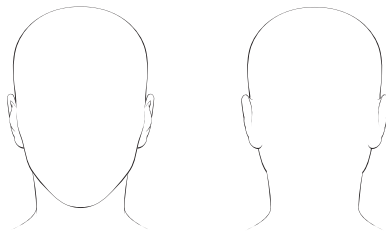
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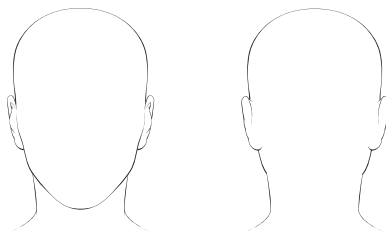
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Location



Medications

No Changes

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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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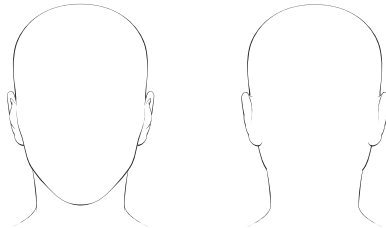
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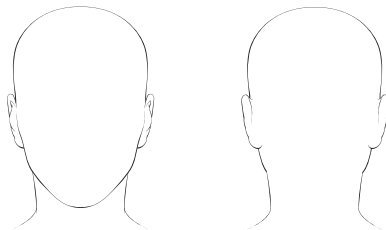
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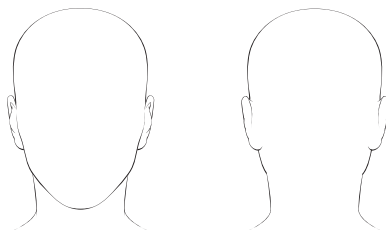
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Medications

No Changes

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_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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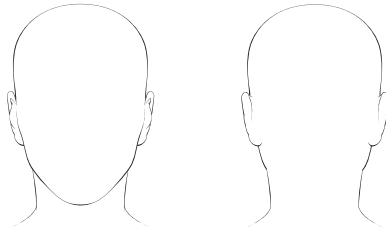
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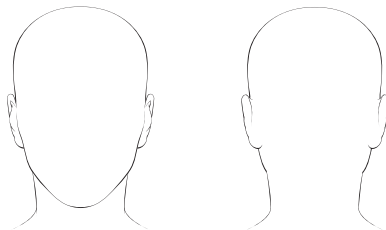
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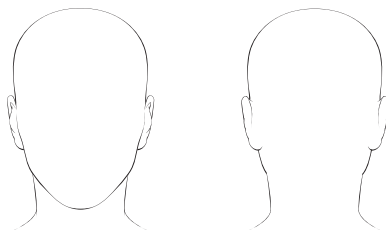
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Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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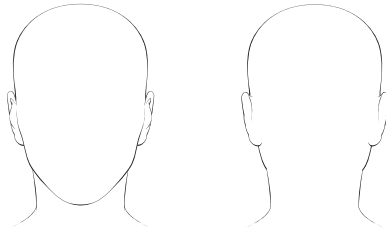
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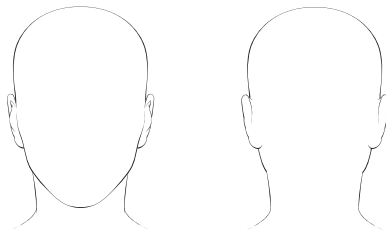
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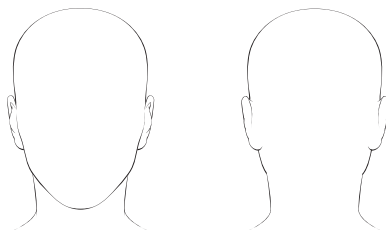
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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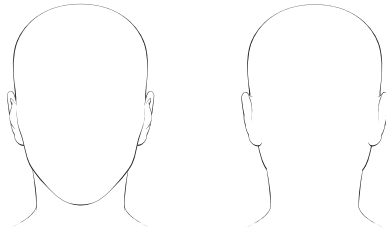
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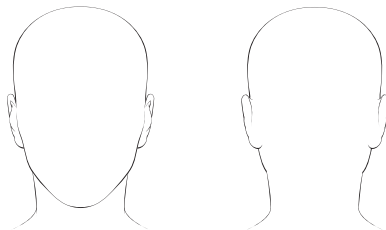
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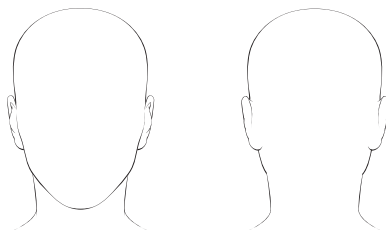
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

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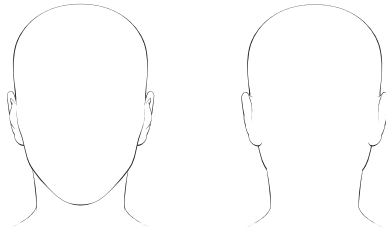
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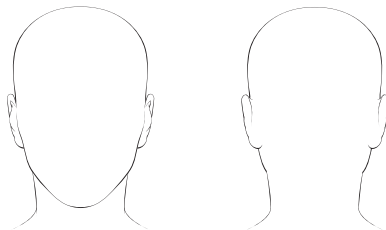
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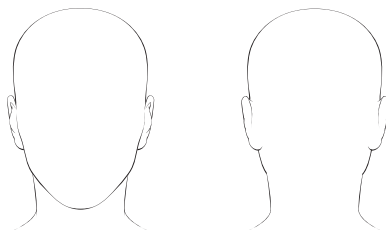
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

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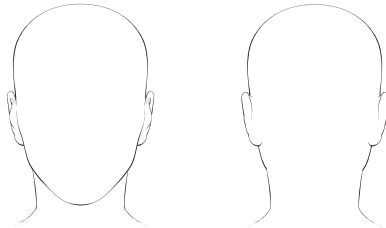
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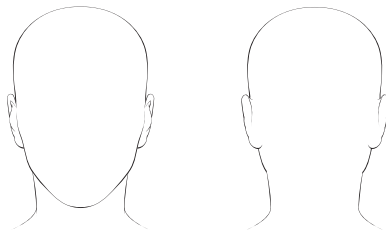
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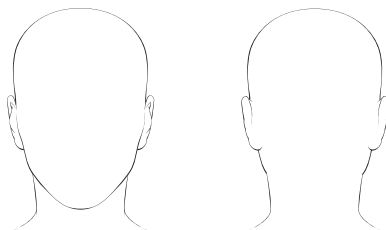
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Medications

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Pain Level

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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

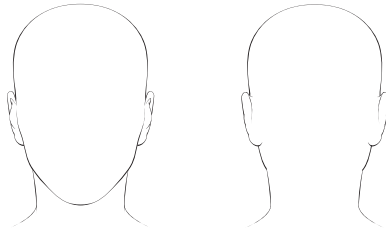
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



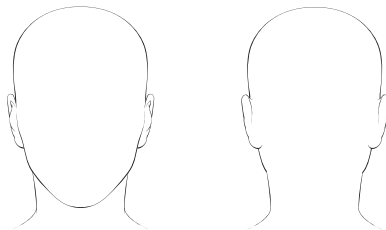
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



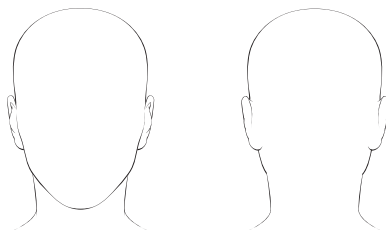
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

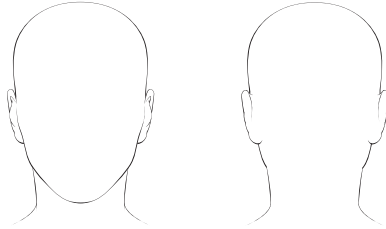
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



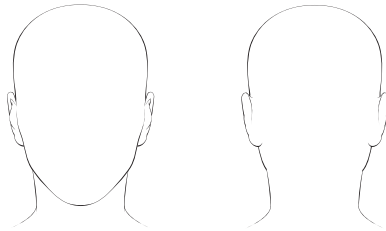
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



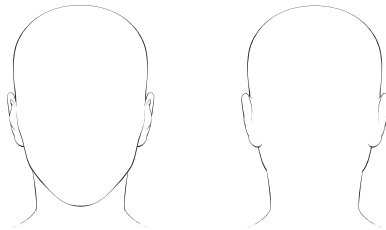
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

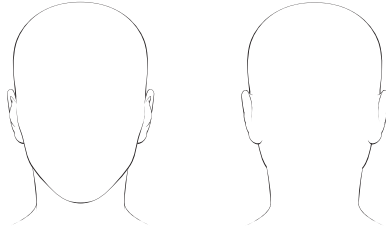
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
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Location



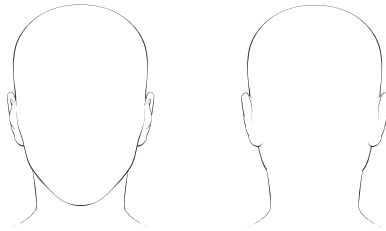
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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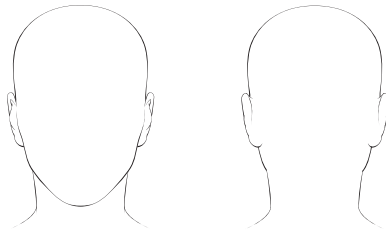
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

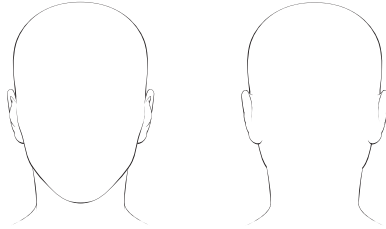
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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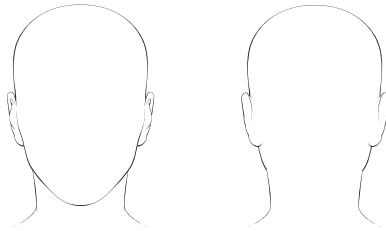
Afternoon Pain Level

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Description

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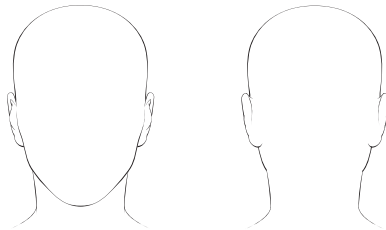
Evening Pain Level

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Description

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Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

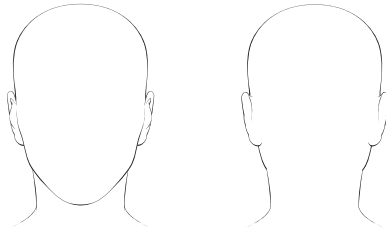
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
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- tingling
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- _____

Location



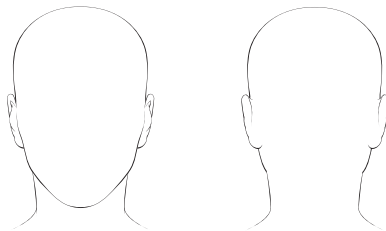
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



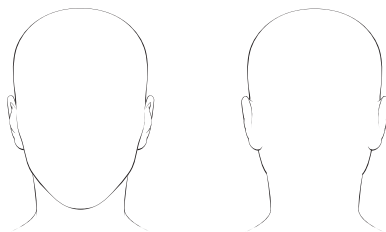
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

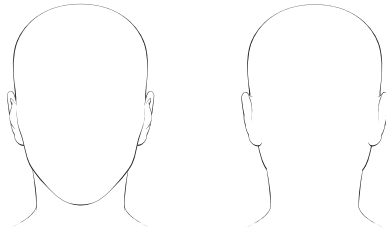
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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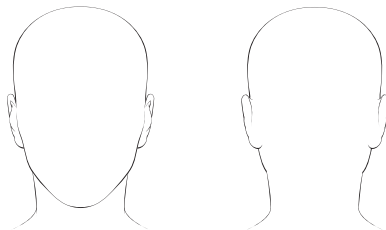
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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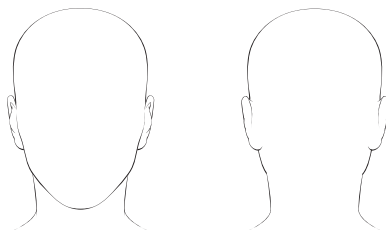
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
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- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

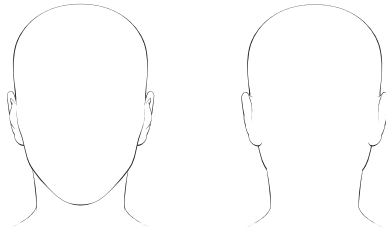
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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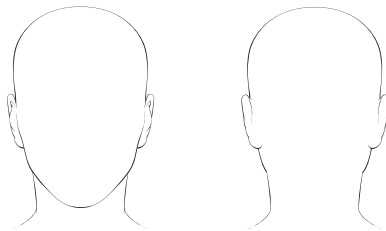
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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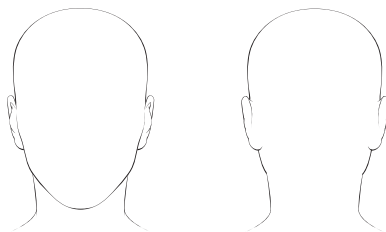
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
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- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

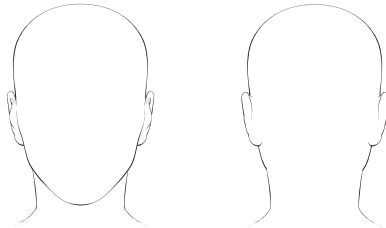
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- stabbing
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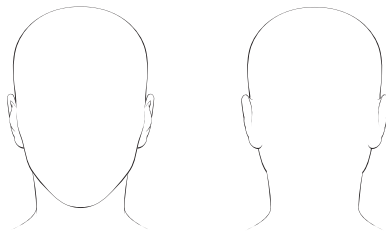
Afternoon Pain Level

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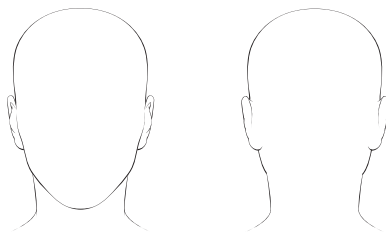
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
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- _____
- _____

Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

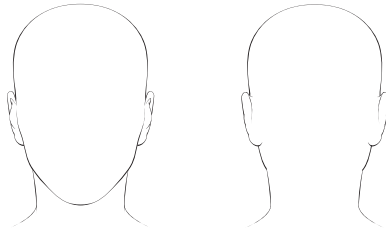
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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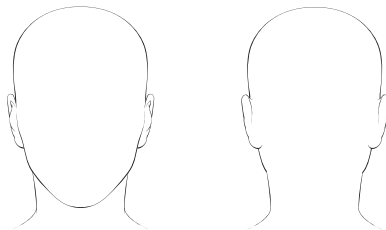
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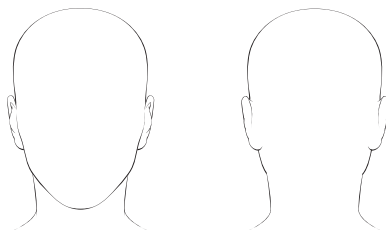
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Location



Medications

No Changes

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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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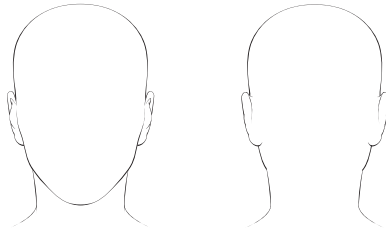
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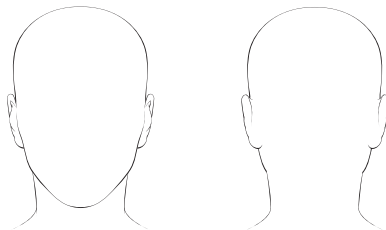
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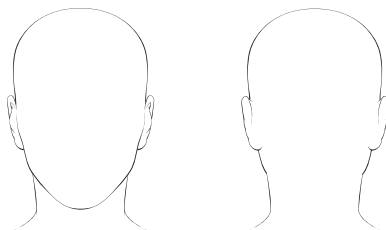
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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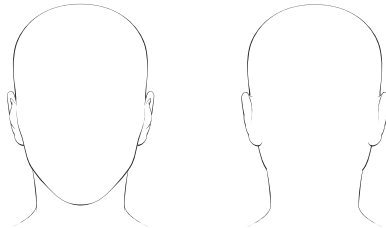
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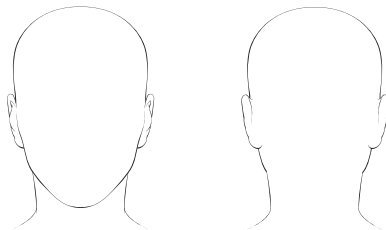
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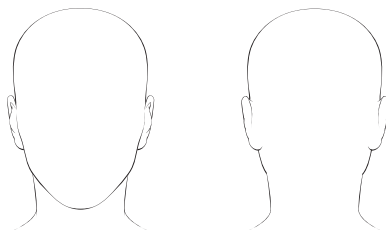
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Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

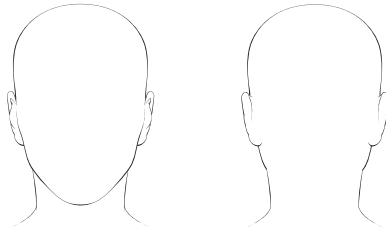
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



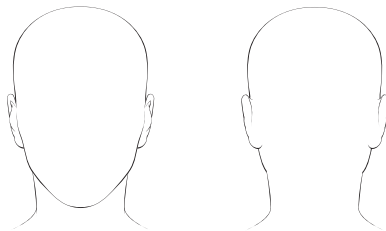
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



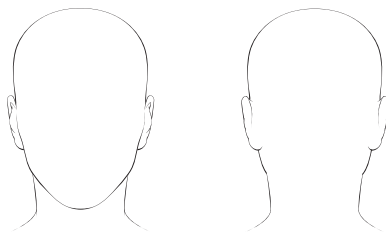
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

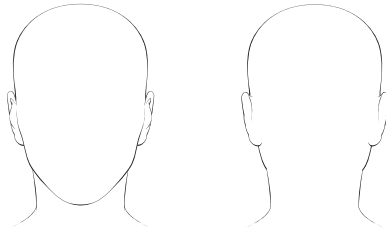
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
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- _____
- _____

Location



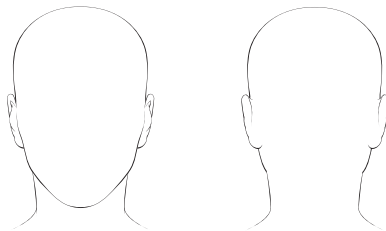
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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Location



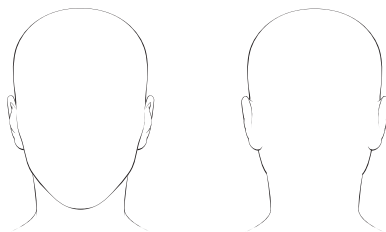
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- _____

Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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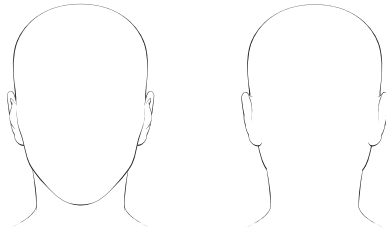
Morning Pain Level

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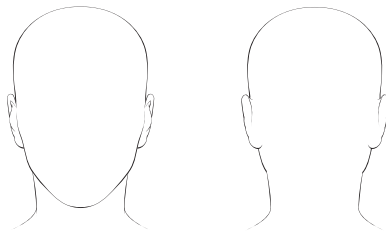
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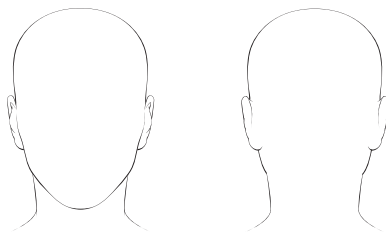
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Description

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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Date _____

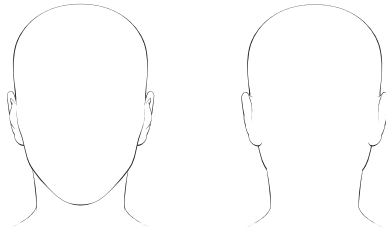
Morning Pain Level

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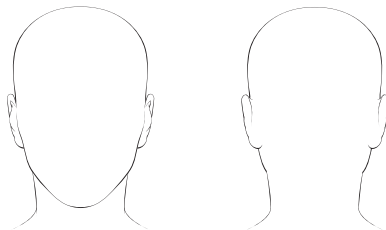
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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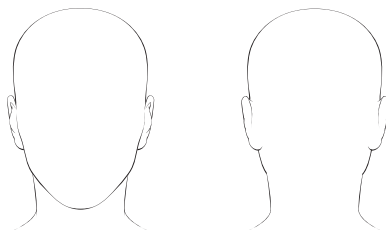
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- electrical
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Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

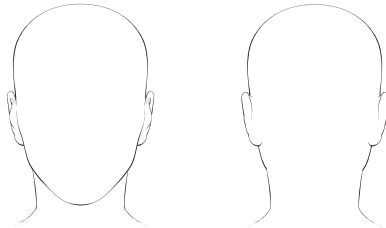
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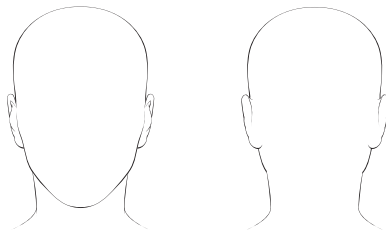
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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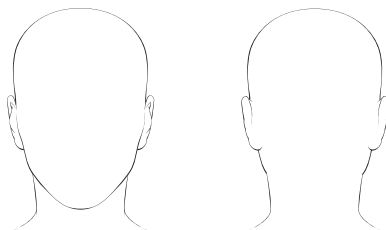
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Location



Medications

No Changes

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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

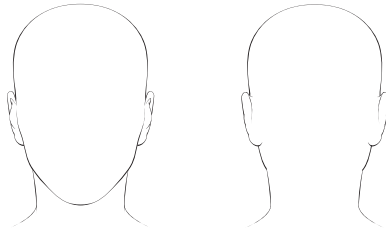
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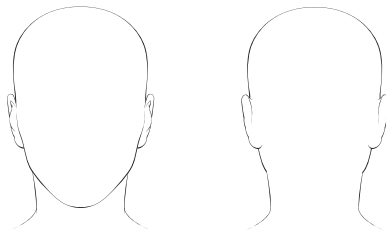
Afternoon Pain Level

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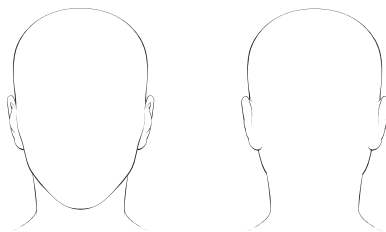
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- electrical
- stabbing
- tingling
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- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

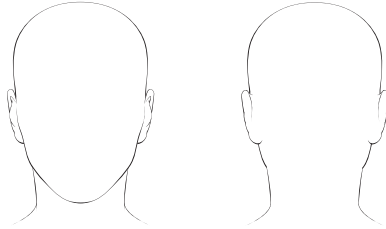
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
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- tingling
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- _____
- _____

Location



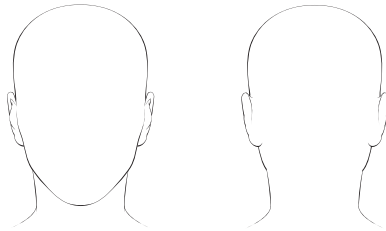
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Location



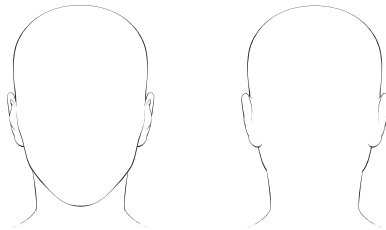
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

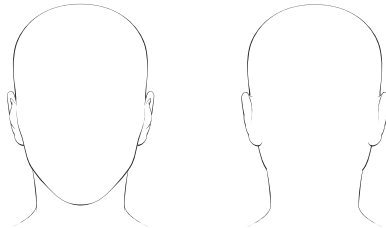
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
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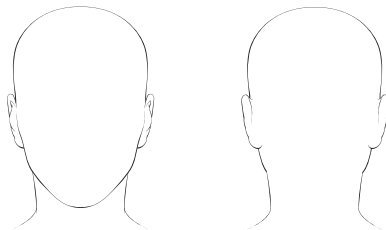
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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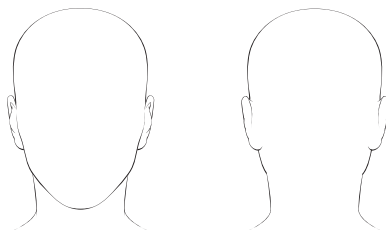
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- stabbing
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- _____

Location



Medications

No Changes

_____	_____
_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Date _____

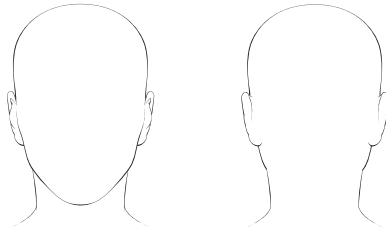
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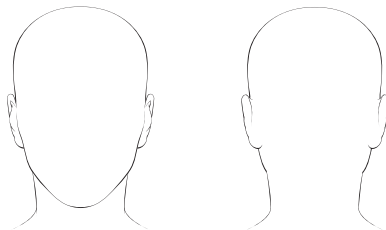
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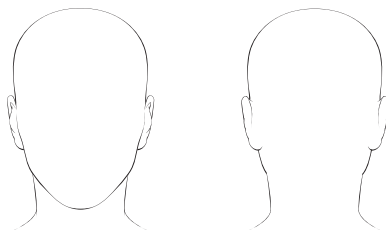
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

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Strength Level

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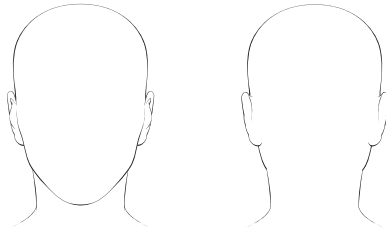
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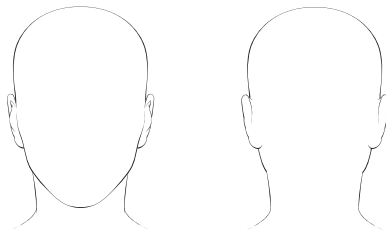
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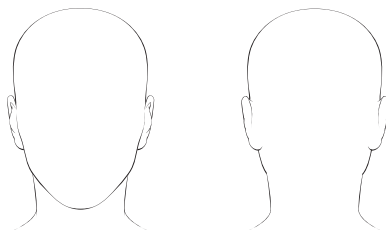
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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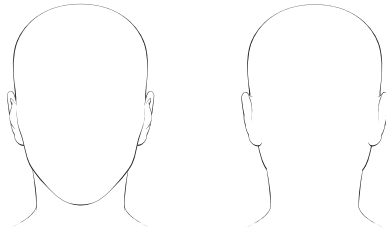
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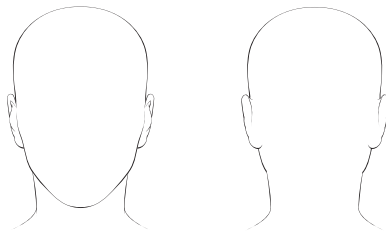
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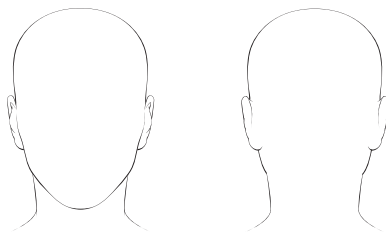
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Location



Medications

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

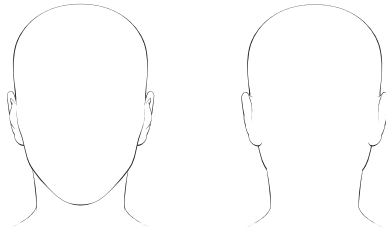
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



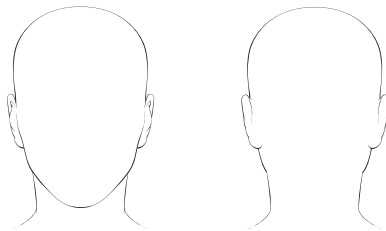
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



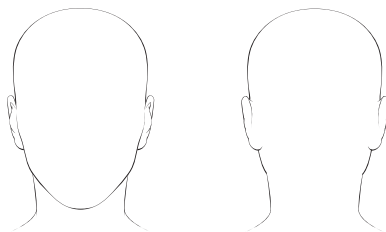
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

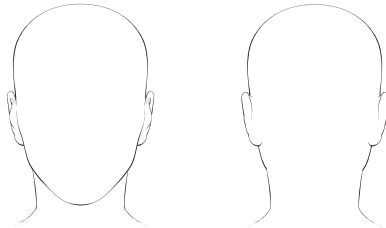
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



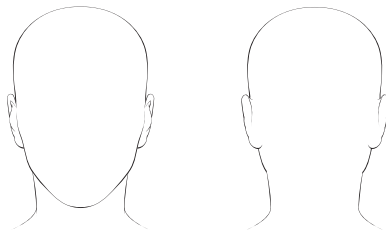
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



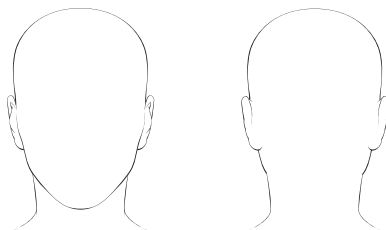
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

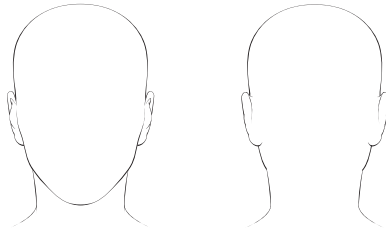
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
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- tingling
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- _____

Location



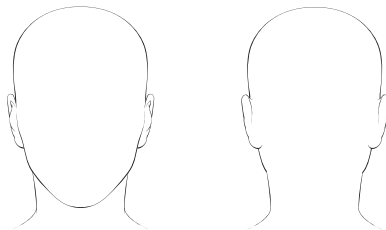
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
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Location



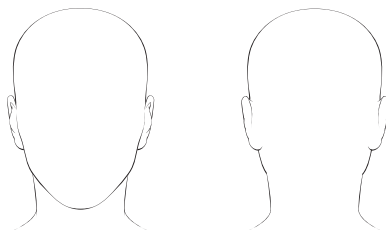
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
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- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

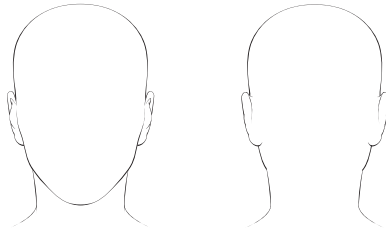
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
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Location



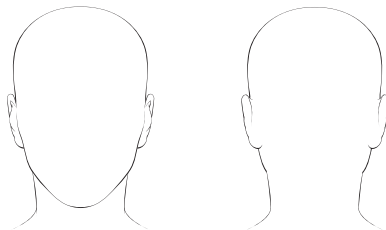
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
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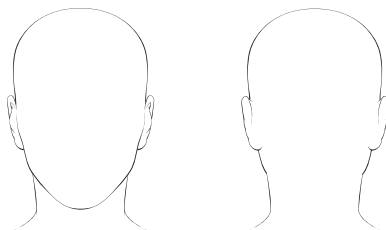
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

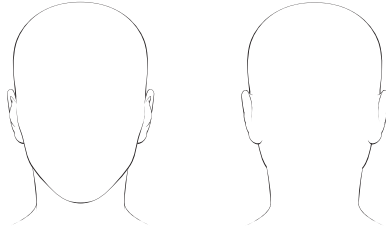
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



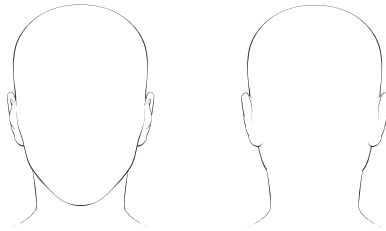
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



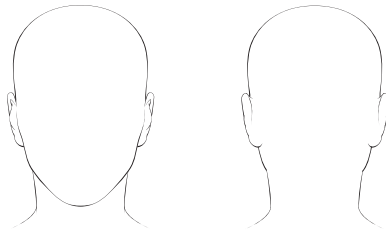
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

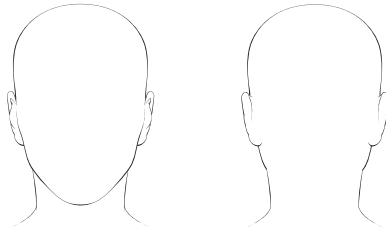
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
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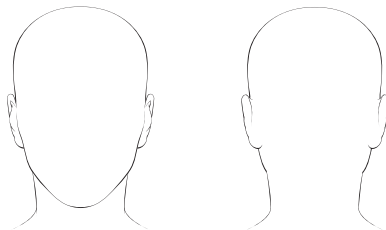
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- stabbing
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Location



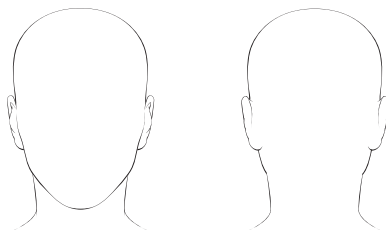
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

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- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
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_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

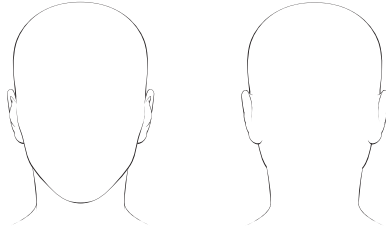
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



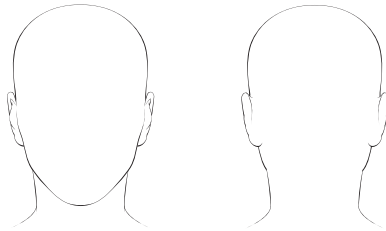
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



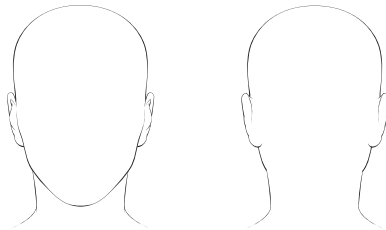
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

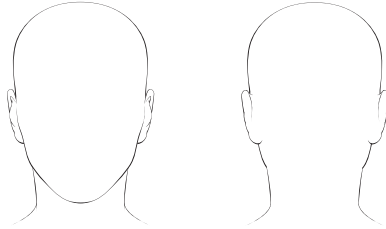
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



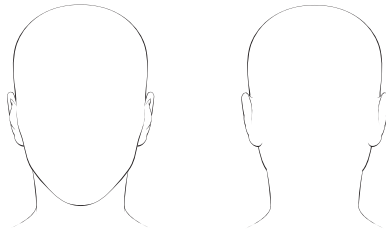
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
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Location



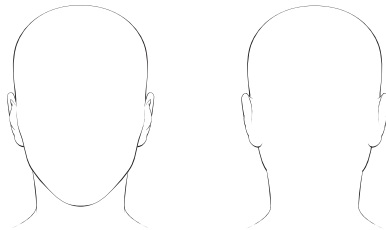
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
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- _____
- _____

Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

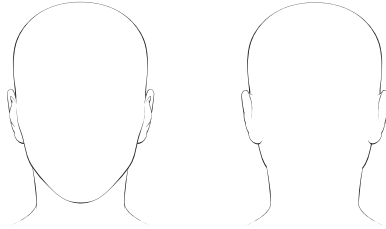
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- electrical
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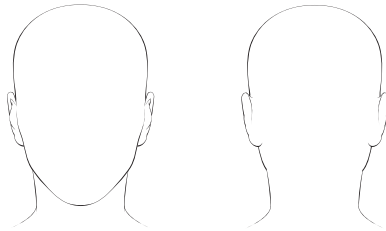
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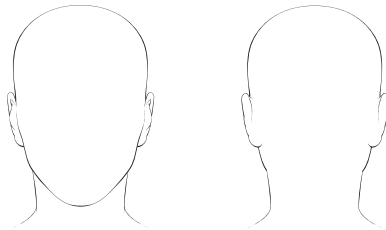
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Date _____

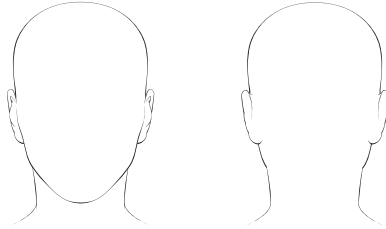
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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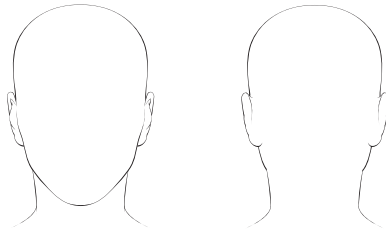
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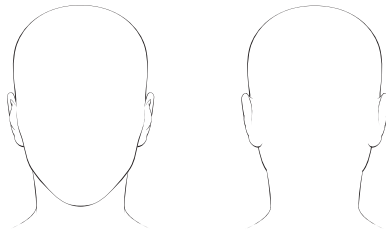
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Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Notes

Date _____

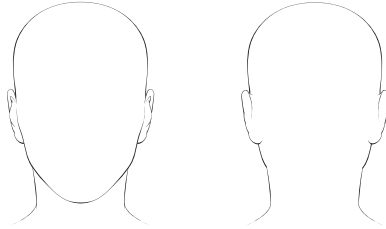
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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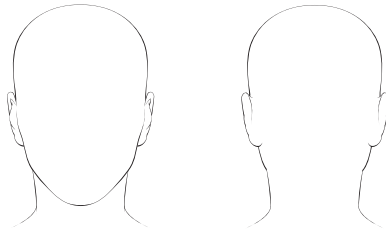
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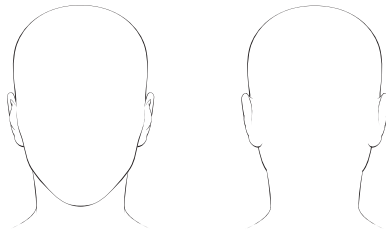
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Location



Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

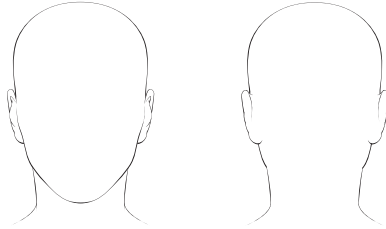
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



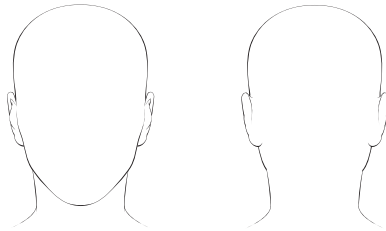
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



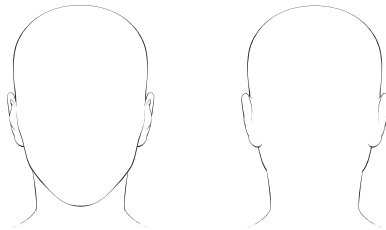
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

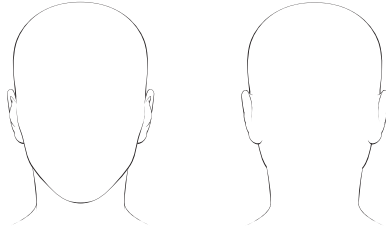
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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- electrical
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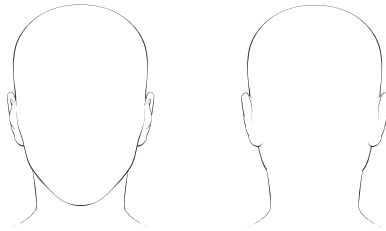
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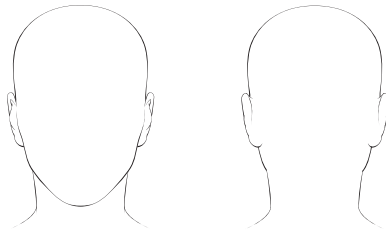
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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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Location



Medications

No Changes

_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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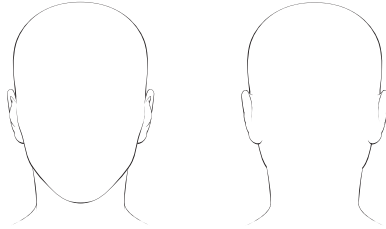
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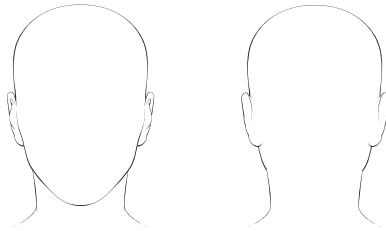
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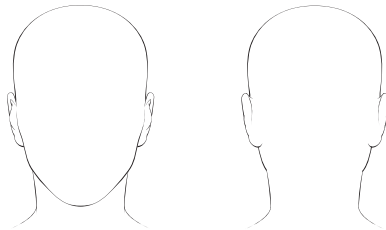
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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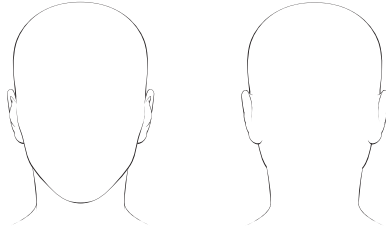
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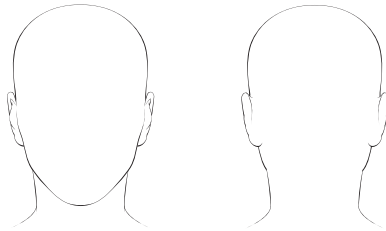
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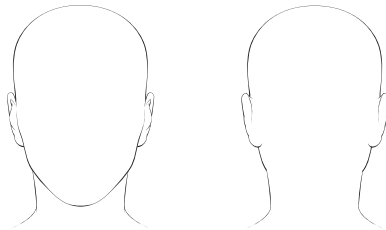
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Date _____

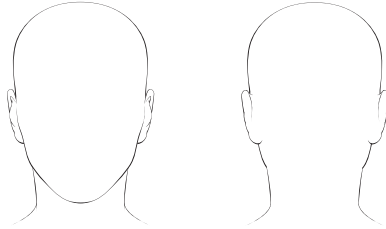
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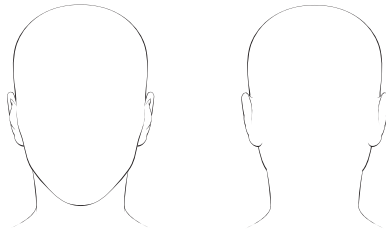
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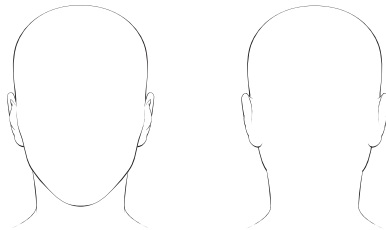
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

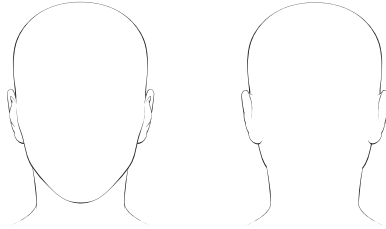
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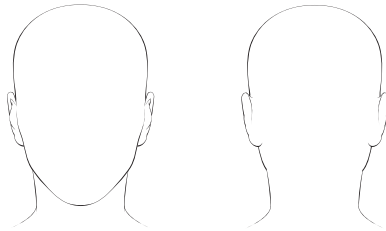
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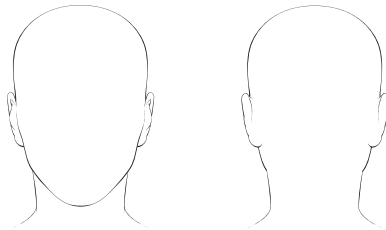
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Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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Date _____

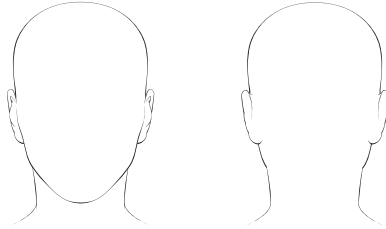
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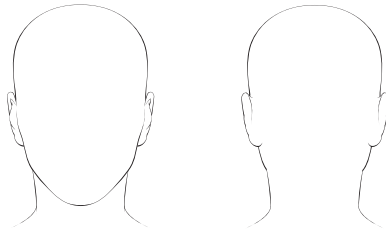
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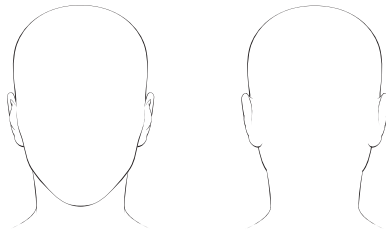
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Location



Medications

No Changes

_____	_____
_____	_____
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_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

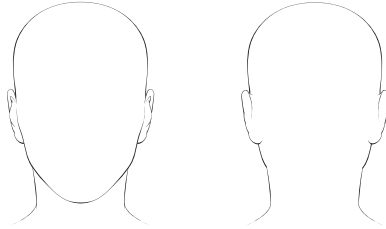
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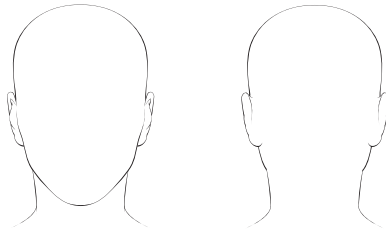
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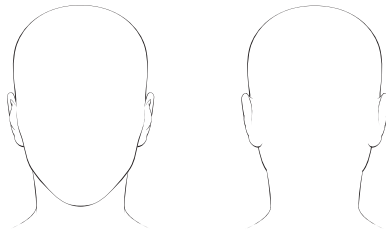
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Location



Medications

No Changes

_____	_____
_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

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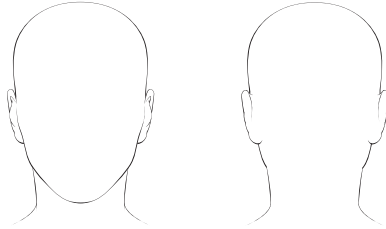
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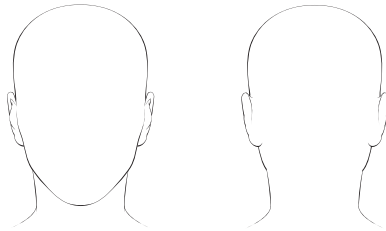
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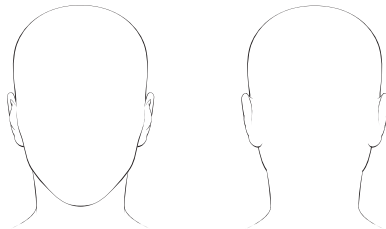
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Location



Medications

No Changes

_____	_____
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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

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Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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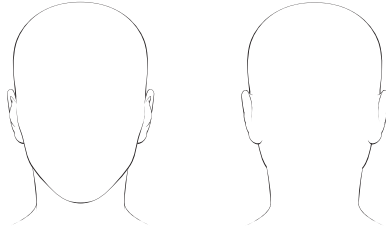
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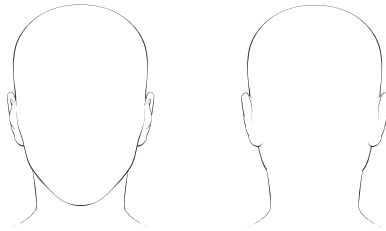
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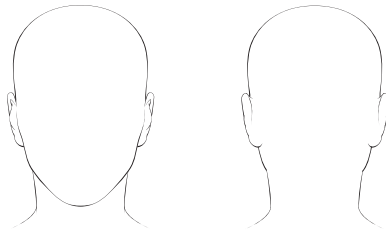
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Medications

No Changes

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

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Strength Level

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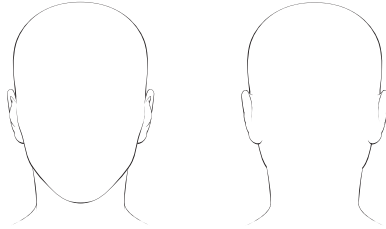
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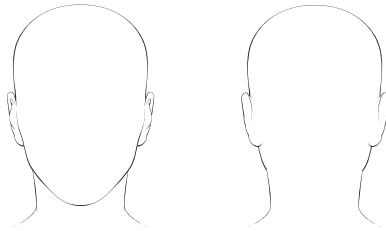
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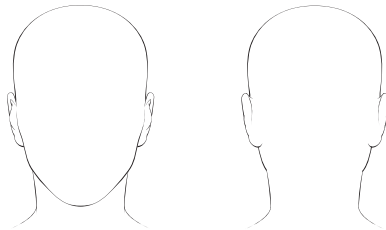
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Location



Medications

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How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

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① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

Date _____

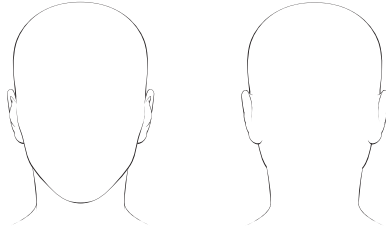
Morning Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



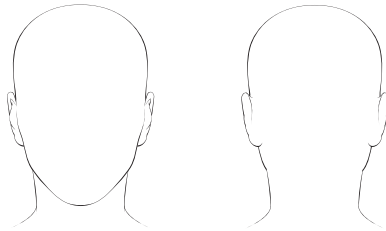
Afternoon Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



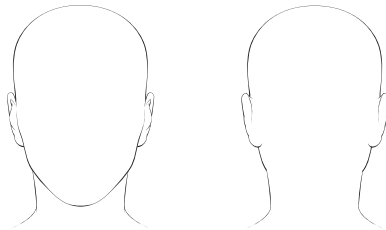
Evening Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Description

- burning
- electrical
- stabbing
- tingling
- throbbing
- _____
- _____

Location



Medications

No Changes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How are you feeling emotionally?

Overall Assessment

Pain Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Energy Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Stress Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Strength Level

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Sleep Quality

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Notes

May you have many pain-free or tolerable pain days ahead.

