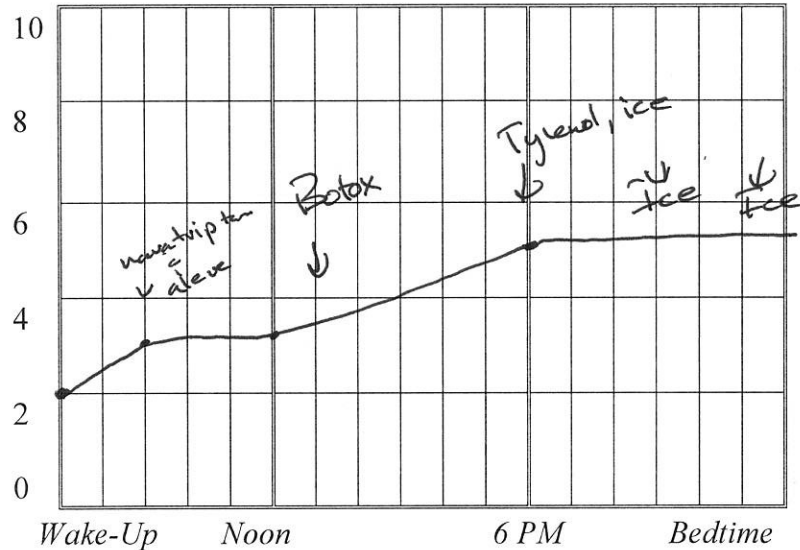


Day: Tue Date: 6/4

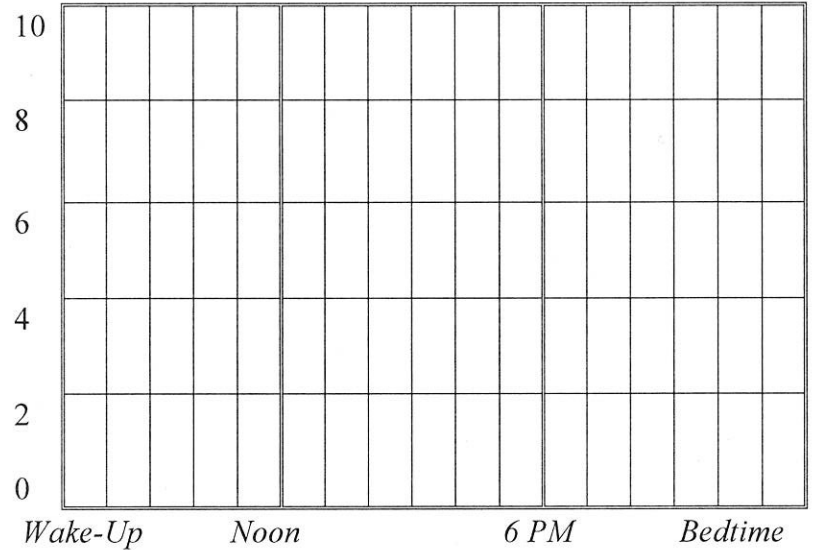
Pain Level



Actions Taken (meds, relaxation, ice, etc.):

Day: _____ Date: _____

Pain Level



Actions Taken (meds, relaxation, ice, etc.):

Notes:

(warnings, insights, conflicts, next-day plans, etc.)
Botox always kills me but I was able to ice and relax mostly.
Tomorrow may be hard

Risk Factors and Triggers:

Diet	<u>Low</u>	Med	High
Emotion	<u>Low</u>	Med	High
Intensity	Low	<u>Med</u>	High
Body use	Low	<u>Med</u>	High
Sleep	<u>Low</u>	Med	High
External	Low	<u>Med</u>	High
Other	Low	Med	<u>High</u>

Notes:

(warnings, insights, conflicts, next-day plans, etc.)

Risk Factors and Triggers:

Diet	Low	Med	High
Emotion	Low	Med	High
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