

Please keep a record of any changes to your bodies natural patterns, pain threshold and energy levels.

Day Week	Monitor the pain 1-10	Energy Levels	Any comment, feelings of any physical changes ~ positive or negative
Treatment Day 1	a.m. p.m.		
Day 2	a.m. p.m.		
Day 3	a.m. p.m.		
Day 4	a.m. p.m..		
Day 5	a.m. p.m.		
Day 6	a.m. p.m.		
Day 7	a.m. p.m.		