Session diary

Pain scale

Intensity

Unpleasant aspect of the pain

0 1 2 3 4 5 6 7 8 9 10

	Before session			During session		After session			
Date/time	Current pain level	Program selection	Session duration	Current pain level	During activity or at rest	Current pain level	Relief duration	Decreasing of the unpleasant aspect of the pain	Note
	/10			/10		/10		☺ ☹	
	/10			/10		/10		☺ ☹	
	/10			/10		/10		☺ ☹	
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	/10			/10		/10		☺ ☹	
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	/10			/10		/10		☺ ☹	
	/10			/10		/10		☺ ☹	