

# CVS Episode Diary

Date \_\_\_\_\_

Time Episode Began \_\_\_\_\_

Time Episode Ended \_\_\_\_\_

Warning Signs (aura) \_\_\_\_\_

Location of Pain (if any) \_\_\_\_\_

Type of Pain (pressing, throbbing, piercing, etc.) \_\_\_\_\_

Intensity of Pain (10 most intense)

1    2    3    4    5    6    7    8    9    10

Intensity of Nausea/Vomiting (10 most intense)

1    2    3    4    5    6    7    8    9    10

Other Symptoms \_\_\_\_\_

Medication Taken/ Other Treatment \_\_\_\_\_

Effect of Treatment \_\_\_\_\_

How Episode Affected My Normal Routine \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hours of Sleep the Night Before the Episode \_\_\_\_\_

What I Ate Before the Episode (caffeine, diet soda, chocolate, hot dogs, food with artificial sweeteners, processed foods) \_\_\_\_\_

\_\_\_\_\_

Activities Before Episode Occurred \_\_\_\_\_

\_\_\_\_\_

Important or Stressful Events That Occurred Today \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_