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| **Fecha** | **Hora** | **¿Que tanto es el dolor?** **(0‐10)** | **¿Que estaba hacienda cuando el dolor empezó?** | **¿Dónde le duele?** | **¿Cuánto tiempo le duró?** | **¿Algo le mejoró el dolor?** | **¿Tuvo otros síntomas?** |
| **Ejemplo**Lunes, Julio 14 | 7:00 PM | 4 | Viendo la tele | Frente, detrás de mis ojos | 2 horas | Dormir, Tylenol | Vómito |
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