

DAILY VAGUS NERVE STIMULATION ACTIVITIES (Do 2 activities a day for 14 days)

[illegible]

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DAILY Nutrition and Exercise Journal

Name: _____ Day: _____ Date: _____

NUTRITION

[illegible]

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Type of Activity	Length of Activity	Pain Before or After Exercise? Describe

Name: _____ Day: _____ Date: _____

[illegible]

EXERCISE

Type of Activity	Length of Activity	Pain Before or After Exercise? Describe

DAILY Nutrition and Exercise Journal

Name: _____ Day: _____ Date: _____

NUTRITION

Time	Food Type and Amount	Liquid Type and Amount	Supplement & Medication Type and Amount

EXERCISE

Type of Activity	Length of Activity	Pain Before or After Exercise? Describe

DAILY Nutrition and Exercise Journal

Name: _____ Day: _____ Date: _____

NUTRITION

Time	Food Type and Amount	Liquid Type and Amount	Supplement & Medication Type and Amount

EXERCISE

Type of Activity	Length of Activity	Pain Before or After Exercise? Describe
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EXERCISE

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