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| **Date** | **Time the****pain started** | **How long the pain lasted**  | **Rank the pain out of 10** | **Details of symptoms****Dizziness, nausea, sensitive to light or sound**  | **Activity:****E.gs.: Biking, swimming, exercise, walking** | **Medication****What and when taken** |
| *Sept 8* | *5pm* | *60 min* | *5* | *Nausea and light headed* | *After swimming for 1 hour* | *1 Tylenol® after swimming* |
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