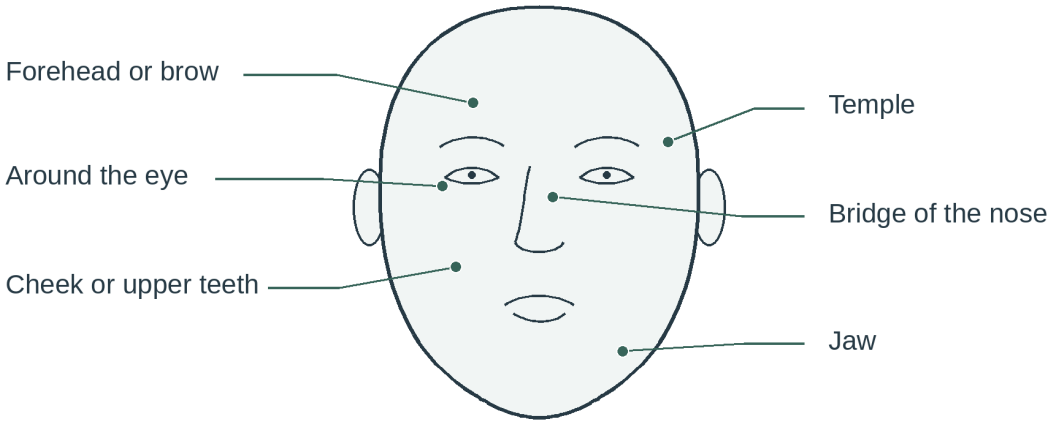
Facial pressure note card



Use these labels to describe where you felt the pressure.

Date and start time or estimate _____

Where and when

Write the first location, side and when you first noticed it.

What happened next

Write how it felt, how long it lasted and what else you noticed.

Impact and my question

Write what it interrupted and the question you want to ask.

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.