Appendix 8

**Registration of side effects and trauma at each visit**

Reactions after last treatment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 0-2 hours | 2-24 hours | 24-48 hours | persistent |
| tired |  |  |  |  |
| headache |  |  |  |  |
| soreness in treated area(s) |  |  |  |  |
| nausea |  |  |  |  |
| stomach pain |  |  |  |  |
| vomiting |  |  |  |  |
| visual or sensory disturbances (migraine) |  |  |  |  |
| visual or sensory disturbances upon arrival disappeared |  |  |  |  |
| headache upon arrival disappeared |  |  |  |  |
| more energy |  |  |  |  |
| feeling better |  |  |  |  |
| feeling better in treated area(s) |  |  |  |  |
| stomach pain upon arrival disappeared |  |  |  |  |
| other |  |  |  |  |

Trauma experienced since last visit: yes\_\_\_\_ no\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | continued activity | stopped activity, rested, normal activity next day | absence from school/activities | Emergency room visit |
| head |  |  |  |  |
| spine |  |  |  |  |
| extremity |  |  |  |  |