





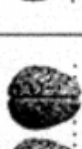


# Headache Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Headache started: Ended:							
Pain started where? Spread where? (shade area)							
Pain intensity: (circle one)	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Pain type: (throbbing, stabbing, pounding, etc.)							
Warning signs: Aura ?							
Other symptoms:							
Triggers:							
Stress? Level?	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Hours of sleep previous night							
Time of last meal previous/what?							
Medications/doses							
Relief: yes/no/partial? (circle one)	Y-N-P	Y-N-P	Y-N-P	Y-N-P	Y-N-P	Y-N-P	Y-N-P

Notes: