

Headache Diary

Date _____

When did the headache start and stop?	
Describe the pain.	
Where is the pain located?	
Where is the pain on a scale of 1-10? 1=barely there, 10=worse headache ever	
What other symptoms were present before or during the headache?	
Diet and activities on this day.	
What makes the headache better or worse?	
What treatment was used?	
Menstrual cycle (for girls)	

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