

Headache Diary

Month: _____

Headache Types: A _____, descriptors: _____

B _____, descriptors: _____

C _____, descriptors: _____

Date	Headache Type & Duration			Severity Min 1 Max 10	Headache Medication Use		
	Waking- Midday	Midday- 6pm	6pm- Sleep		Name & Dose		
1	← A →			8	Imigran x 1	Voltaren x 4	

Date	Headache Type & Duration			Severity	Headache Medication Use		
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