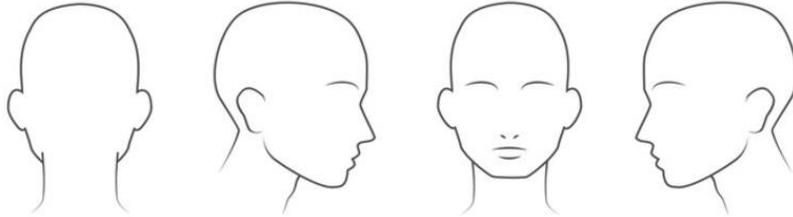


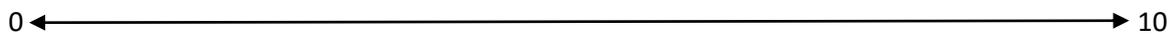
Headache Diary

Date: _____

Headache location: Mark on the images below



Headache Intensity (mark on the line below the headache intensity with 10 being severe)



What is the nature of the headache? (Sharp, throbbing, pressure, vice like, visual changes?)

What have you been doing today?

What activities were you doing yesterday?

What have you been eating?

What gave you relief? (Medication, heat, rest, dark room)?

Other:
