HEADACHE DIARY

PATIENTS NAME:_____ **DATE:_____**

DATE	TIME (START-FINISH)	INTENSITY (RATE 1-10)	PRECEDING SYMPTOMS	TRIGGERS	MEDICATION (DOSAGE)	RELIEF (COMPLETE MODERATE NONE)

***** (PAIN INTENSITY LEVEL 0 NO PAIN----INTESITY LEVEL 10 MOST SEVERE PAIN)*****

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