

Headache Diary
(Please circle, or fill in the blank.)

Date: _____ Headache Start Time: _____

1. Did this headache wake you up? YES NO
2. Where does it hurt?
FRONT BOTH SIDES BEHIND EYES
ONE SIDE _____ side BACK OF HEAD
3. How would you describe this headache?
THROBBING/PULSING DULL ACHE
TIGHT SQUEEZE STABBING
Other _____
4. Did you see anything unusual before your headache started? YES NO
If yes, what? _____
5. What time did you fall asleep last night? _____
6. What time did you wake up today? _____
7. How many hours of TV did you watch today before the headache started? _____
8. Are you stressed out today? YES NO
9. What did you eat today before the headache started?

10. How long did the headache last? _____

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