

Headache Diary

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Date & Time of Headache	How long did the pain last?	Where did you feel the pain? (Please indicate on the diagrams.)	How did the pain feel? (At what intensity?) (1-10)	Did you experience any Nausea, Vomiting, and/or sensitivity to noise or light?	What did you eat in the last 12 hours?	Method(s) of relief and their effects?
						
						
						
						
						
						
						
						
						
						
						
						

