

# My Headache Diary:

Date: \_\_\_\_\_ Began: \_\_\_\_\_ End: \_\_\_\_\_

Location:  
\_\_\_\_\_

Medication:  
\_\_\_\_\_

Activity:  
\_\_\_\_\_

Pain: 1 2 3 4 5 6 7 8 9 10  
\_\_\_\_\_

Symptoms:  
\_\_\_\_\_

Extra Notes:  
\_\_\_\_\_  
\_\_\_\_\_

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