Headache diary

Nam	e
Year	
when	e indicate which medication you use suffering from a headache: ample, paracetamol 500 mg.
1.	
2.	
3.	
4.	
5.	

Please indicate on a line:

1) Headache type:

M-Migraine

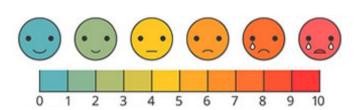
T- Tension-type headache

C- Cluster headache

T- Trigeminal neuralgia

2) Severity of the pain as an average of the day:

0- no pain, 10- most severe pain



3) The number of tablets and symbol for the pills,

e.g. 2 paracetamol tablets as P2

Complete the calendar every evening

Bring this calendar at all visits to the doctor

	January	February	March	April	May	June
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Headache diary

Yea	r
when	se indicate which medication you use a suffering from a headache: xample, paracetamol 500 mg.
1.	
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Please indicate on a line:

1) Headache type:

Name

M-Migraine

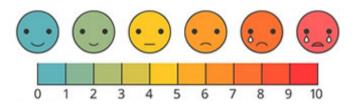
T- Tension-type headache

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2) Severity of the pain as an average of the day:

0- no pain, 10- most severe pain



3) The number of tablets and symbol for the pills,

e.g. 2 paracetamol tablets as P2

Complete the calendar every evening

Bring this calendar at all visits to the doctor

	July	August	September	October	November	December
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