

# Headache diary

Name \_\_\_\_\_

Year \_\_\_\_\_

Please indicate which medication you use when suffering from a headache:  
for example, 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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**Complete the calendar every evening**

**Bring this calendar at all visits to the doctor**

	July	August	September	October	November	December
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