COMPREHENSIVE NEUROLOGY
& SLEEP MEDICINE

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Headache Diary

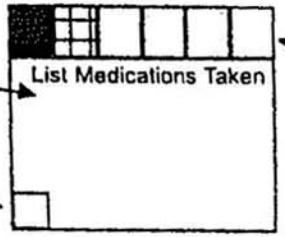
Name: _____ **Month:** _____

6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM	6 AM - 10 AM	10 AM - 2 PM	2 PM - 6 PM	6 PM - 10 PM	10 PM - 2 AM	2 AM - 6 AM

Headache Codes

- Severe, unbearable
- Severe, bearable
- Moderate
- Mild

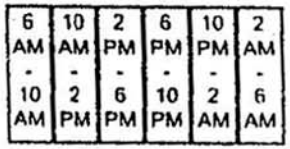
How to Use This Diary



List all the medications you took.

Record the date of the month.

Follow the time box down and record the severity of the headache at each time point using the codes at the left.



Note the time(s) you are experiencing the headache.

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