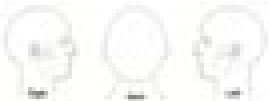
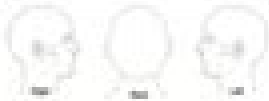

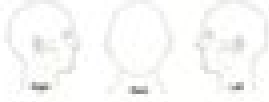






Headache Diary

Date/Time of Headache	Any symptoms precede the headache? When did they occur? When did they get resolved?	How Severe is your pain? 1 (very mild) - 5 (extreme pain)	How long did the pain last?	Where did you feel the pain? (Please indicate on the diagrams below)	How did the pain feel? (Throbbing, stabbing, dull, sharp)	Did you experience any nausea or vomiting? (Indicate which)	What did you eat during the last 12 hours prior to the onset of your migraine?	Method of relief?
								
								
								
								
								
								
								
								



Health & Wellness

603-862-9335 - unh.edu/health - grm@unh.edu



ACCREDITED ASSOCIATION
for LABORATORY MEDICAL CLINICS, INC.

Headache Diary Template

Rogue Plus Publishing

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the 'Rogue Plus Publishing' text.

Headache Diary Template:

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Table of Contents Headache Diary Template

1. Understanding the eBook Headache Diary Template
 - The Rise of Digital Reading Headache Diary Template
 - Advantages of eBooks Over Traditional Books
2. Identifying Headache Diary Template
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Headache Diary Template
 - User-Friendly Interface
4. Exploring eBook Recommendations from Headache Diary Template
 - Personalized Recommendations
 - Headache Diary Template User Reviews and Ratings
 - Headache Diary Template and Bestseller Lists
5. Accessing Headache Diary Template Free and Paid eBooks
 - Headache Diary Template Public Domain eBooks
 - Headache Diary Template eBook Subscription Services
 - Headache Diary Template Budget-Friendly Options

6. Navigating Headache Diary Template eBook Formats
 - ePub, PDF, MOBI, and More
 - Headache Diary Template Compatibility with Devices
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