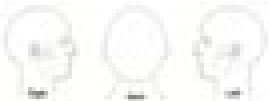
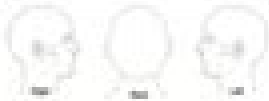

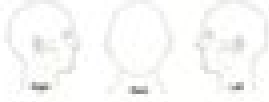






Headache Diary

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



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Headache Diary Template

A Gutmann



Headache Diary Template:

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