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## **Headache Log**

Patients Name:	<del></del>	
Month:		

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.

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## **Headache Log**

Patient Name:
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Date/Time of Onset	Cause of Onset: □Food (List) □ Tension □Other	<u>Duration of</u> <u>Headache</u>	Medication Taken That Day	Intensity: (1-10)	Type of Pain: Throbbing (T) Stabbing (S) Other	Associated Symptoms: nausea, vomiting, weakness, numbness, etc