

PATIENT HEADACHE DIARY

PATIENT NAME: DOB:														i																
A current log w	ith a	a mi	inin	nun	n of	(3)	ful	l m	ont	hs i	s re	qui	ired	l wl	ıen	sul	mi	ttin	g tł	ie P	atio	ent	Hea	ıda	che	Dia	ıry 1	to C	НР	
In the correspon	ndiı	ng b	loc	k p	leas	se e	nte	r th	e fo	llo	win	g in	ıfor	ma	tion	1:														
CATEGORY= The	ATEGORY= The type of Headache or Migraine you had- \mathbf{M} = Migraine, \mathbf{H} =Headache, \mathbf{O} = No Headache or Migraine																													
DURATION= The number of hours that you had a Headache or Migraine for that day																														
AURA= Did you have an Aura with your Headache or Migraine- Y=Yes, N=No																														
MONTH and YEAR																														
DAY 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CATEGORY																														
DURATION																														
AURA																														
MONTH and YEAR																														
DAY 1	2	3	4	5	6	7	8	9	10	11	12	12	14	15	16	17	10	10	20	21	22	22	24	25	26	27	28	20	20	21
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DURATION																														
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MONTH and YEAR DAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																														
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