



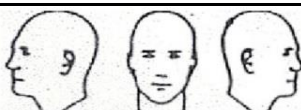


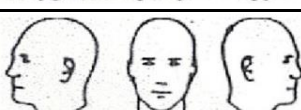
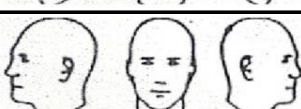


Headache Log

Name: _____

| Date & Time | How long did the pain last? | Where did you feel the pain? <i>(Please indicate on the diagrams)</i> | How did the pain feel? <i>(At what intensity, 1-10 scale)</i> | Any Nausea? Vomiting? Sensitivity to light or noise? | What did you eat in the last 12 hours? | Method(s) of relief and their effects: |
|-------------|-----------------------------|---|--|--|--|--|
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Dr. Colleen Blanchfield

Headache Calendar

Name: _____

| | | | | | | |
|--------------|--------------|---------------|-----------------|----------------|--------------|----------------|
| Sunday _____ | Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ | Saturday _____ |
| Sunday _____ | Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ | Saturday _____ |
| Sunday _____ | Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ | Saturday _____ |
| Sunday _____ | Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ | Saturday _____ |
| Sunday _____ | Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ | Saturday _____ |

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