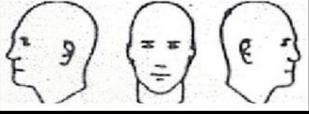
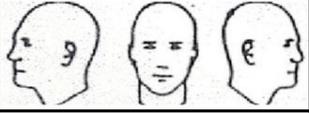
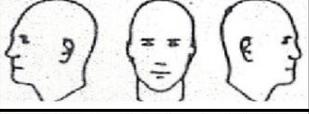
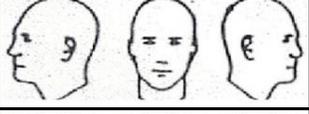
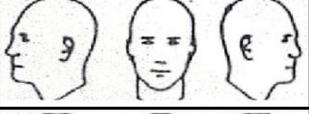
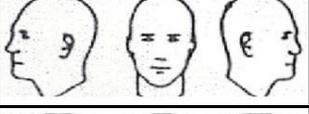
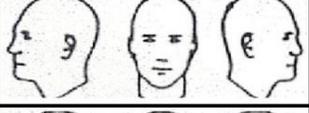
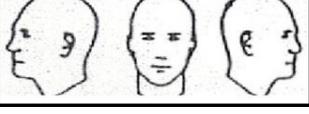


**Headache Log**

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:
						
						
						
						
						
						
						
						
						

*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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