

*(Scale of 1 - 10) 10 being the most painful

Date	Duration of headache	Triggers	Pain score (1 – 10)*	Medication (name and dose)	Pain score after medication (1 – 10)*	Menstrual period (If applicable)	Additional remarks
0 0	0 0	0 0 		# P			
	0 0						
	1				-		
	1	0 0				•	
1	0 0					•	
1	0 0	•				0	
	•			_			
	•			-			
•	0					•	
•	1	•				•	
	0						
	1						
	0						
•	0					•	
	0		-		- 31		
•	0						
1	0	•			¥.	•	



