

Headache log

Date	Time of headache	Duration	Time headache ended	Activity prior to headache	Location of headache <small>ie frontal ,back</small>

Pain Scale <small>0-10 10 as the worse pain</small>	Medication taken <small>and time</small>	Effectiveness of medication	Triggers <small>ie stress, alcohol, bright light</small>	Associated symptoms <small>ie nausea dizziness</small>

My Notes: