

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Did you have a headache today?															
Duration of headache (hours)															
Menstruation (if applicable)															
Severity of headache															
Mild															
Moderate															
Severe															
Site of pain															
One side only															
Both sides															
Type of pain															
Throbbing/pulsing															
Pressing/squeezing															
None of the above															
Headache symptoms															
Aggravated by physical activity															
Nausea															
Vomiting															
Light sensitivity															
Noise sensitivity															
Unable to work/function															
Medications taken															

PLEASE BRING YOUR DIARIES WITH YOU TO YOUR NEXT APPOINTMENT WITH DR COSTELLO