Dr Costello has asked you to fill in this diary to understand how your headaches are affecting you. Please answer all questions by placing a tick in the box of the answer that most applies to you, adding the names of any medications you may have taken that day (if any). If you DID NOT experience a headache on any of these days, please leave the boxes blank and just fill in the medications you have taken (if any).

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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																

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															
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