Personal Best HEADACHE DIARY	DATE	TYPE, time of day/night and duration of headache	LOCATION AND TYPE OF PAIN (dull, aching, throbbing, etc.) and intensity 1-10 (1 = low, 10 = high)	POSSIBLE TRIGGERS A trigger is any factor that leads to a headache (alcohol, smoking, caffeine, cheese, weather, stress, allergies, menses, lack of exercise, sleep deprivation, etc.). Symptoms and your location when headache occurred (shopping, lack of sleep, exercise).	STRESS LEVEL prior to headache 1-10 (1 = low, 10= high)	MEDICATION taken
Use this form to track your headaches. Share your headache diary with your doctor or health care provider.		Type: AM PM hours minutes				
		Type: AM PM hours minutes				
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		Type: AM PM hours minutes				

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