

### SPECIMEN HEADACHE DIARY

This page illustrates how the diary should be filled out.

Pain is scored from 0 to 10. 0 is pain free and 10 is the worst pain you have ever had.

On the corresponding day and month, record the pain severity (0-10). Enter **P** on the 1<sup>st</sup> day of your period (if applicable). If you treat your head pain with painkillers, please mark **X** in the treatment column.

NAME :

YEAR :

	DAY																															
MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>JAN</b>							P																									
Pain Score		8							6												6				5							
Treatment		X							X												X											
<b>FEB</b>				P																												
Pain score												7	6	7														5				
Treatment												X		X																		

**X** = abortive treatment (pain killer or analgesic) taken; this does not refer to the regular preventive/prophylactic treatments

**P**= Period (if applicable)

NAME :

YEAR :

DAY

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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<b>JAN</b>																															
Pain score																															
Treatment																															
<b>FEB</b>																															
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<b>APR</b>																															
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<b>JUN</b>																															
Pain score																															
Treatment																															

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NAME :

YEAR :

DAY

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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