

Headache Monitoring Form

<u>Directions</u>: Each day for the next 30 days (or until your first appointment), please mark the following. This will help you evaluate your response to your headache treatment program.

Date	HEADACHE FREE DAY!! (You can skip the other columns today!)	The number of headaches I had today	The average time headache lasted today	The average intensity of headache today 0 = no pain 10 = worst pain	Did headache interfere with any activities today
					Y / N
					Y / N
					Y / N
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					Y / N

Thank you! Please bring this and any other completed forms to your first appointment.