Instructions: Each day that you have headache pain, record location and duration of pain and if medications were taken.

Month 1

Sun	*Mon*	*Tue*	*Wed*	*Thu*	*Fri*	*Sat*

Month 2

Sun	*Mon*	*Tue*	*Wed*	*Thu*	*Fri*	*Sat*

Month 3

Sun	*Mon*	*Tue*	*Wed*	*Thu*	*Fri*	*Sat*