NAME:																												
	٠.	٠.	•	•	•	•	•	٠	٠	•	٠	٠	•	٠	٠	•	•	•	•		•	٠	٠	•	•	٠	٠	•

## **EXETER HEADACHE CLINIC DIARY**

Please place a mark against the score that best represents the intensity of your headache before and after midday of each day of the week. Write M in the day when the headache is migrainous. i.e. associated with nausea, vomiting, bad sound, movement or light sensitivity.

DATE DIAR	RY ST	ARTE	D							Week	One													W	eek T	wo		
	M	on	Т	ue	W	ed	Th	urs	F	ri	S	at	S	un	M	on	Tı	ue	W	ed	Th	urs	F	ri	S	at	Sı	un
Worst ever headache 10																												
9																												
8																												
7																												
6																												
5																												
4																												
3																												
2																												
1																												
No Headache 0																												
	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm

					W	eek 1	Three								Week Four														
	Мо	on	T	Je	W	ed	Th	urs	F	ri	S	at	Sı	ın		M	on	Τι	ue	W	ed	Th	urs	F	ri	S	at	Sı	un
Worst ever																													
headache 10																													
9																													
8																													
7																													
6																													
5																													
4																													
3																													
2																													
1																													
No Headache 0																													
	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm		Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	l F