Wayzata Children's Clinic

Headache Diary

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Hours of Sleep							
Morning Foods							
Afternoon Foods							
Evening Foods							
Activity/Illness							
Stress Level	high ksdfasldka; lksdlkasdlkas;lkdasl; dlasdka;lsdka;lskd; alskd;laskd;laskl;d						
Other	adsl;skd;lasd; lask;l						

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Location on Head							
How Many?							
How Long Did It Last?							
How Did It Stop?							
Did It Change Your Activity?							
Treatment Used?							
Aura Present?							
Severity Level? (1-10)							