Weekly Diary

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates					e		
Prodrome							
Aura		*	,				
Time of pain onset							
Severity of pain							
Treatment 1 (dose)							
Symptoms (nausea, throbbing, disability)							
Treatment 2 (dose)						,	
Treatment 3 (dose)							
Time to pain relief							
Noted triggers (caffeine, menses, etc.)							
Type of headache (migraine, tension)							
Other comments or questions			* **				