



DATE _____

SU MO TU WE TH FR SA

TIME OCCURRED:

TIME ENDED:

DURATION:



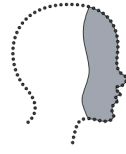
SINUS



CLUSTER



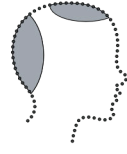
TENSION



MIGRAINE



TMJ



NECK

PAIN LEVEL

LOW

MEDIUM

HIGH

WEATHER CONDITION:

TEMPERATURE:

TRIGGERS

CAFFEINE

EYE STRAIN

TIREDNESS

ALCOHOL

READING

ODORS/SCENTS

FOOD

PMS

ILLNESS

INSOMNIA

COMMUTE

FATIGUE WEATHER

HUNGER

SICKNESS

DEHYDRATION

STRESS AT WORK

STRESS AT HOME

BRIGHT LIGHTS

RELIEF MEASURES

MEDICATION

WATER

SLEEP

EXERCISE

OTHERS

NOTES