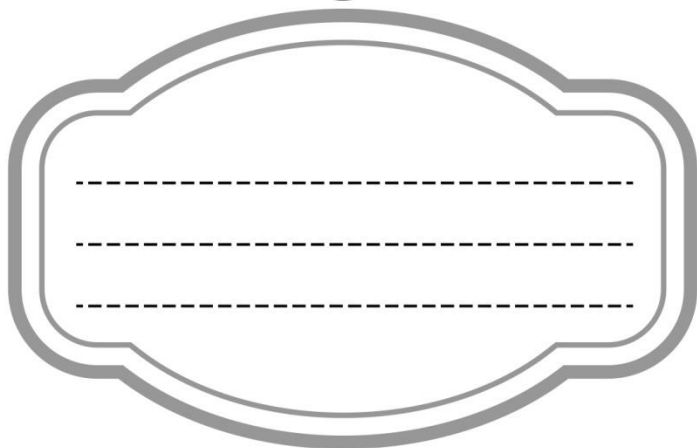


*This Book
Belongs To*

A decorative label with a double border and three horizontal dashed lines for writing.

Yearly Headache Tracker

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
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31												

Plot your
headache days
with color
codes or
symbol to track
pattern over
the year!







☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good







Triggers:

- ☐ Alcohol
- ☐ Skipped Meal
- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

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- ☐ Skipped Meal
- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good







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SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good







Triggers:

- ☐ Alcohol
- ☐ Skipped Meal
- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
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- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good







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SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good

Triggers:

- ☐ Alcohol
- ☐ Skipped Meal
- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
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- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy Level ☐ Low ☐ Mid ☐ High

Activity Level ☐ Low ☐ Mid ☐ High

Sleep ☐ Poor ☐ Avg ☐ Good

Triggers:

- ☐ Alcohol
- ☐ Skipped Meal
- ☐ Noise
- ☐ Caffeine
- ☐ Medication
- ☐ Bright light
- ☐ Food
- ☐ Eyestrain
- ☐ Weather
- ☐ Stress
- ☐ Odors
- ☐ Dehydration
- ☐ Illness
- ☐ Fatigue
- ☐ Others

Relief measure:

Medication	
Sleep	
Other	

Notes: -----

Day :	Start :	End :	SEVERITY		
Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Notes: -----

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Date :	Duration :	<div>①②③④⑤</div>			
Weather :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
SINUS	CLUSTER	TMJ	MIGRAINE	TENSION	NECK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- ☐ Fatigue
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Relief measure:

Medication	
Sleep	
Other	

Notes: -----

