# HEADACHE TRACKER

WWW.CONFESSIONSOFANOVER-WORKEDMOM.COM

DATE

____/____/____

| TIME | FOOD | MEDICINE | ACTIVITY |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| START TIME | ACTIVITY | PAIN LEVEL (0-9) | WHAT HELPED | WHAT DID NOT HELP | END TIME |
|---|---|---|---|---|---|
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| | | | | | |
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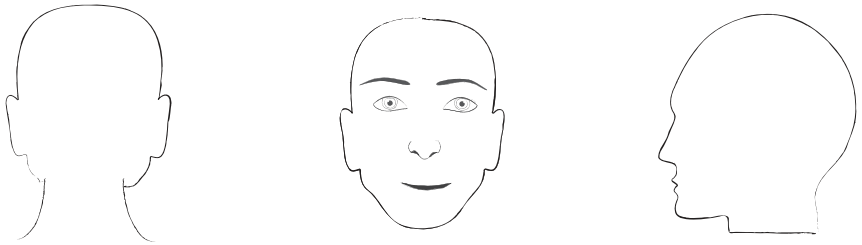
| | | | | | |
| | | | | | |

## PAIN SCALE

|-----|-----|-----|-----|-----|-----|-----|-----|

1 2 3 4 5 6 7 8 9

## LOCATION OF PAIN



## WEATHER

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TEMP

## NOTES

Visit Confessions of an Overworked Mom for more healthy living ideas: http://confessionsofanover-workedmom.com