Kieler Headache Diary

Headache Episode	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Date (of days with headaches)										
Pain severity 1-4										
Unilateral										
Bilateral										
Throbbing										
Dull pressure										
Stops every day activity										
Worse during physical activity										
Nausea										
Vomiting										
Sensitive to light										
Sensitive to noise										
Duration of attack										
Missed hours of work										
Reduced ability to function (No. of hours)										
Medication taken										
Worked well										
Worked moderately										
Didn’t work										