

Instructions:

Put in the date when you have a headache and fill in the other columns for those particular days:

- **Headache Severity:** - Put in the severity of headache with 0= no headache and 10= severe headache.
- **Quality of Headache:** - What is the nature of headache? Is it like a dull ache? A throbbing sensation, as if someone was hammering or as if a nerve inside the head is pulsating?
- **Location:** - Specify where is the ache is happening. Is it on one side of the head or both side? Is it frontal or temples or whole of head? Is it behind the eye?
- **Menstrual Cycle (*only for woman):** - Fill in the day of your (menstrual cycle). For example, 21st day means that it has been 21 days since your periods started. Or you can note if it is PMS
- **Any other physical Symptoms:** - Please fill in any other physical problems rhat you have along with headache - Neck pain, Any other aches and pains, nausea, photophobia (problem with light), phonophobia (problem with sound), fever etc.
- **Mobile Usage:** - Check in your screen time and fill in the time of mobile usage in last 24 hours. Also add time spent on other gadgets like TV, laptop, computer, tablets etc.
- **Sleep Quality:** - Rate your sleep quality last night. 0= no sleep to 10= slept perfectly and woke up fresh
- **Any other information:** Any particular trigger, happening at a specific time, relieved by a particular medicine or activity.