

Time of Day	Severity						Medications
	0	1	2	3	4	5	
Morning Record wake time:							
Noon							
Evening							
Bedtime Record bed time:							
List non-medication treatment strategies used:							
Did you eat meals and snacks (check if yes):							
<input type="checkbox"/> Breakfast							
<input type="checkbox"/> Mid-morning snack							
<input type="checkbox"/> Lunch							
<input type="checkbox"/> Mid-morning snack							
<input type="checkbox"/> Dinner							
<input type="checkbox"/> Evening snack							
Check a box each time you drink 8-ounces of water:							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
List today's aerobic exercise:							

Fig. 4.8 Daily headache diary