



LEHIGH VALLEY  
CHIROPRACTIC

## 5 DAY HEADACHE JOURNAL

Please keep track of symptoms: quality, severity and duration. Write down foods/beverages, medications, and dietary supplements. Keep track of activities.

Note type and amount of exercise.

### Day 1

Morning:

Mid-morning:

Afternoon:

Mid-afternoon:

Evening:

Late-Evening:

Exercise:

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Note type and amount of exercise.

Day 2

Morning:

Mid-morning:

Afternoon:

Mid-afternoon:

Evening:

Late-Evening:

Exercise:

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Note type and amount of exercise.

Day 3

Morning:

Mid-morning:

Afternoon:

Mid-afternoon:

Evening:

Late-Evening:

Exercise:

## 5 DAY HEADACHE JOURNAL

Please keep track of symptoms: quality, severity and duration. Write down foods/beverages, medications, and dietary supplements. Keep track of activities.

Note type and amount of exercise.

Day 4

Morning:

Mid-morning:

Afternoon:

Mid-afternoon:

Evening:

Late-Evening:

Exercise:

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Note type and amount of exercise.

Day 5

Morning:

Mid-morning:

Afternoon:

Mid-afternoon:

Evening:

Late-Evening:

Exercise: