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Migraine Headache Chart

DATE	START TIME	PAIN SCALE	PEAK TIME	PAIN SCALE	STOP TIME	What were you doing? Any physical activity?	How did you get relief?	Did you take any medication? Document name and dosage	What time did you take medication?

PAIN SCALE: Mild: 1-3 Moderate: 4-6 Severe: 7-10

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