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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Intensity | | | | Duration (h) | | | Pain type | | | | Other symptoms | | | | | Increased pain during exercise | | Cause | Медикаменты | | | | | | | Date |
| Medication | Dosage form | | | Relief by the  medication | | |
| No pain | Mild | Average | Most severe pain | Less 6 | 7-12 | More 12 | Throbbing/ stabbing | Pressing | On both sides | On one side | Nausea | Vomiting | Sensitivity to | | Visual disturbances | Yes | No | Indicate a number or letter according to  paragraphs  (а), (в) | Indicate a letter according to  paragraph  (с) | Drops | Tablets | Suppositories | Yes | Somewhat | No |
| Noise | Light |
| *(*p*lease mark with a cross )* | | | | | | | | | | | | | | | | | |  |  | *(please mark with a cross or*  *indicate quantity)* | | | | | |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
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| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 5 |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6 |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7 |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9 |
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| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11 |
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| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 13 |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 14 |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 15 |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 16 |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 17 |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 18 |
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| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 20 |
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| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22 |
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| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 27 |
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**Praxis for neurology, psychosomatic medicine, psychiatry, psychotherapy, pain therapy**

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Please use the following numbers and letters to complete the columns

(а) Headache triggers:

1. Stress or agitation

2. Recovery after stress

3. Change of sleeping patterns

4. Menstruation

5. Your personal trigger \_\_\_\_\_\_\_\_\_\_\_

(в) Food/drinks as

pain triggers:

А Сheese

В Alcohol

С Сhocolate

D Coffee, cola

Е Other \_\_\_\_\_\_\_\_\_\_\_

(с) Please indicate which medication you use when suffering from headache:

А \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

В \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

С \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_