



Kopfschmerzkalender

für Monat: _____ Jahr: _____

**Neurologische Praxis
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| Tag | Stärke | Dauer in Std. | Kopfschmerzart und -ort | | | | Begleitsymptome | | | | Effekt der Medikation | | | |
|-----|--------|------------------|-------------------------|-------------------|-----------|------------|-----------------|---------------------------|------------------------------|-----------------------------|-----------------------|----|------|-------|
| | | | pulsierend stechend | dumpf drückend | einseitig | beidseitig | Übelkeit | Licht- empfindlichkeit | Geräusch- empfindlichkeit | Geruchs- empfindlichkeit | Medikament | ja | nein | wenig |
| 1. | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | |
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| 10. | | | | | | | | | | | | | | |
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| 12. | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | |
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| 20. | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | |

Schmerzstärke
von 1 (leicht)
bis 10 (stärkste Schmerzen)