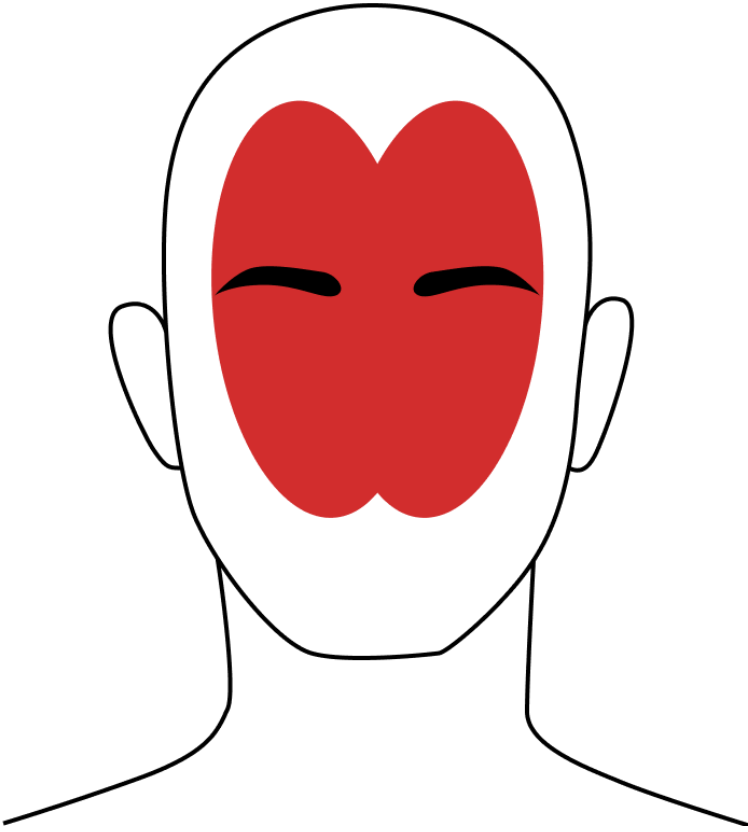


Caffeine Headache Location Chart

| | |
|--|--------------------------|
| Patient information | |
| Name: | Date: |
| Age: | Sex: |
| Date of assessment: | |
| Type of caffeine consumed in the last 24 hours: | |
| <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Energy drink <input type="checkbox"/> Soda <input type="checkbox"/> Other: | |
| Time of last caffeine intake: | |
| Total amount consumed (in cups, mg, etc.): | |
| Any recent changes in caffeine consumption? | If yes, please describe: |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| Headache location: | |
| <div>Common location of caffeine headache</div>  | |

Description of pain:☐ Dull, pressure-like pain

Throbbing or pulsing

Sharp or throbbing

☐ Aching or stiff

Other:

Possible triggers:**Additional notes and recommendations**