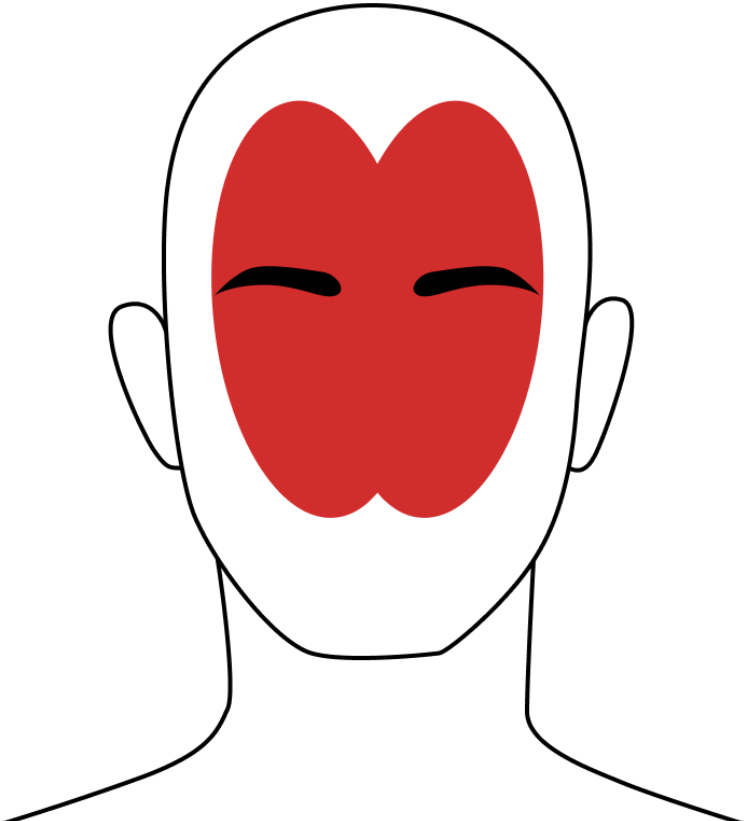


# Caffeine Headache Location Chart

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="text"/> 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**