### KOPFSCHMERZ-PROTOKOLL

<table>
<thead>
<tr>
<th>Woche vom __________ bis __________</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
</table>

#### 1. What has happened today? Talk to someone about it?
- Yes ☐ No ☐

#### 2. Did you have headaches during school?
- Yes ☐ No ☐

#### 3. What have you eaten?
- Yes ☐ No ☐

#### 4. Was it a headache?
- Yes ☐ No ☐

#### 5. What have you done today?
- Yes ☐ No ☐

#### 6. Was it a headache?
- Yes ☐ No ☐

#### 7. What have you done today?
- Yes ☐ No ☐

#### 8. Was it a headache?
- Yes ☐ No ☐

## Instructions
- Please use a pencil to mark your responses.
- If you answer 'Yes', further details may be requested.
- If you answer 'No', stop filling in the form.

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