Headache diary

One month. Write one row per headache, as soon as you can. Leave anything you do not know blank.

Name _____ Month _____ Year _____

Headache-free days: tick each day you had no headache at all

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
No headache ✓																															

Pain 0–10
0 no pain · 1–3 mild · 4–6 moderate · 7–9 severe · 10 worst imaginable. Write the worst pain of the headache.

Where it hurts
L left · R right · B both sides · F front · Bk back · E behind the eyes · N neck
Did it help? Y yes · P partly · N no

Symptoms
Na nausea · Vo vomiting · Li light hurts · So sound hurts · Au aura (visual or other) · Di dizziness · or your own words

Possible triggers
Sl poor sleep · St stress · Me skipped meal · Sc screen time · Ca caffeine · or your own words

#	Date	Start time	End time	Pain 0–10	Where it hurts codes or words	Symptoms codes or words	Possible triggers codes or words	Medicine taken name, dose, time	Did it help? Y · P · N	Notes
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Headache diary (continued)

Month _____ Year _____

#	Date	Start time	End time	Pain 0–10	Where it hurts codes or words	Symptoms codes or words	Possible triggers codes or words	Medicine taken name, dose, time	Did it help? Y · P · N	Notes
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										

Headache days this month
Days with any headache

Headache-free days
Count your ticks

Days with medicine
Days you took any medicine for headache

Questions or notes for my doctor