

Headache Diary

Date						
Time of Headache						
Time Headache Ended						
Warning Signs (aura)						
Location of Pain						
Type of Pain (pressing, throbbing, piercing, etc.)						
Intensity of Pain (circle one number to the right)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Other Symptoms (nausea, vomiting, etc.)						
Medication Taken/Other Treatment						
Effect of Treatment						
Activities Before Headache Occurred						
Hours of Sleep the Night Before the Headache						
What I Ate Before the Headache (caffeine, diet soda, chocolate, hot dogs, food with artificial sweeteners, processed foods)						
Important Stressful Events that Occurred Today						
How Headache Affected my Normal Routine						
Comments						