

Personal Best HEADACHE DIARY

Use this form
to track your
headaches.

Share your headache
diary with your
doctor or health
care provider.

DATE	TYPE, time of day/night and duration of headache	LOCATION AND TYPE OF PAIN (dull, aching, throbbing, etc.) and intensity 1-10 (1 = low, 10= high)	POSSIBLE TRIGGERS A trigger is any factor that leads to a headache (alcohol, smoking, caffeine, cheese, weather, stress, allergies, menses, lack of exercise, sleep deprivation, etc.). Symptoms and your location when headache occurred (shopping, lack of sleep, exercise).	STRESS LEVEL prior to headache 1-10 (1 = low, 10= high)	MEDICATION taken
	Type: AM PM hours minutes				
	Type: AM PM hours minutes				
	Type: AM PM hours minutes				
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