

HEADACHE DIARY

Use this form
to track your
headaches.

Share your
headache diary with your
health care provider.

| DATE | TYPE, time of day/night and duration of headache (migraine, tension, etc.) | LOCATION, PAIN TYPE and INTENSITY (dull, aching, throbbing, etc.) and intensity 1-10 (1 = low, 10= high) | TRIGGERS and SYMPTOMS 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 |
|------|---|---|--|---|---------------------|
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