

Headache Diary

Print this form so that you can track your headaches for a month.

Keeping a headache diary may help you understand what types of headaches you get and what treatment works best for you. You also may be able to find out what your headache triggers are, such as certain foods, stress, sleep problems, or physical activity. Take your headache diary to your doctor. Together you can look at your headache history and look for patterns to your headaches.

Month _____

Headache days

Record each day that you get a headache. Use a pain rating scale from 0 to 10 (where 0 is no pain and 10 is the worst pain you can imagine) to identify how bad the headache is. Put the number for how bad the headache is in the row that names the time of day when it happened. For each day you have a headache, also record how much disability you had on a scale from 0 to 3 (where 0 means you were able to continue to do your normal activities well and 3 means you had to either miss work or school at least part of the day or had to go to bed for part of the day).

		Day of the month																															
		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	
How bad is your headache?	Morning																																
	Afternoon																																
	Night																																
	Disability for the day																																

Medicines to stop a headache

List the medicines that you take to STOP a headache (such as pain medicine or triptans). For each medicine, enter how much of the medicine you took on the day you had a headache and how much relief the medicine gave you. Rate your relief from 0 to 3 (where 0 is no relief and 3 is complete relief).

		Day of the month																															
		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	
Medicine 1: _____	Dose																																
	How much relief?																																

Day of the month

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Medicine 2: _____	Dose																														
	How much relief?																														

Day of the month

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Medicine 3: _____	Dose																													
	How much relief?																													

Medicines to prevent headaches

List the medicines, if any, that you take to prevent headaches (such as a beta-blocker or anticonvulsant). For each medicine, put a mark in the box for every day that you took it.

Day of the month

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Medicine 1: _____																														
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Day of the month

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Medicine 2: _____																														
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other treatments

List any other treatments that you use for your headaches. This may include massage, relaxation therapy, vitamins, herbs, and other natural health products.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Menstrual period

For women, put a mark in the box for the days you had your menstrual period.

	Day of the month																																
	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		
Menstrual period																																	

Triggers

List your four most common triggers. Then, for each day you get a headache, write in the number of the trigger that you think may have caused your headache.

Trigger 1:

Trigger 3:

Trigger 2:

Trigger 4:

	Day of the month																																
	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		
Triggers																																	

Health care visits

Record when you went to the doctor or to the emergency room, when you were hospitalized, or when you saw any other health care providers (such as a massage therapist, acupuncturist, or chiropractor).

Date	Who/Where

Date	Who/Where

Date	Who/Where