

Headache Diary

Name: _____





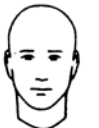





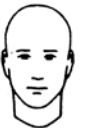





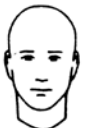




Chart No: _____

Current Medicine: _____

Starting Date: _____

Current Medicine: _____

Starting Date: _____

Day Date & Time	How long did it last?	Severity *(1->10)	Where is it?			Description † see below	Triggers **see below	Treatment
Sunday 6/27 6:30pm	3 hours	5 +				pounding light sensitive vomited	hot weather skipped lunch	Motrin, rest, ice
←----- For Example ----->								
								
								
								
								
								
								

* **Severity:** 1=very mild 3=mild 5=moderate 8=severe 10=worst headache ever

† **Description:** pounding, aching, stabbing, nausea, vomiting, sensitive to light or sound, squeezing, explosive

** **Triggers:**

- Emotions:** stress, anxiety
- Sleep:** too much, too little
- Environment:** cigarettes, perfumes, bright lights, riding in the car
- Weather:** hot days, cold days, windy days, rain
- Dietary:** caffeine drinks, chocolate, aged cheese (blue, cheddar), hot dogs, bacon, peanuts, MSG, chinese food, artificial sweetener, ice cream, skipping meals, alcohol, red wine
- Hormonal:** menstrual cycles, birth control pills