

HEADACHE DIARY

Patient's name: _____ Date of birth: ____/____/____ Medical record #: _____

Date	Time	Duration	Intensity (1-10)	Triggers	Preceding symptoms	Treatment used	Response

Headache Diary

Diaries can be a useful tool to identify triggers, to keep track of your headaches, and to help your health care provider better understand your headaches. The headache diary also helps monitor changes in headache frequency and severity. An on-line headache diary is available at <http://www.achenet.org/your/diary1.php>

Head-ache	Date:	Time Started:	Time Ended:
	Warning Signs:		
Pain	Type of Pain: (e.g. piercing, throbbing, etc)		
	Intensity of Pain: (circle one) (Low) 1 2 3 4 5 6 7 8 9 (High)		
	Location: (e.g. between eyes, back of head, etc)		
Treatment	Treatment or Medication Taken:		
	Effect of Treatment:		
Circumstances	Hours of Sleep:		
	What I ate today:		
	Events prior to headache: (e.g. strenuous activity, elevated stress, etc)		
Comments			

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