## **HEADACHE DIARY**

Patient's name:	Date of birth: /	/ Medical record #:	
ratient's flame.	Date of Diffit.	/ IVIEUICAL LECOLU #.	

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

## **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 <a href="http://www.achenet.org/your/diary1.php">http://www.achenet.org/your/diary1.php</a>

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

-b &	Date:	Time Started:	Time Ended:		
Head-	Warning Signs:				
	Type of Pain: (e.g. piercing, throbbing, etc)				
Pain	Intensity of Pain: (circle or	(2511) 1 2 3 1 3 3	7 8 9 (High)		
	Location: (e.g. between eyes	back of head, etc)			
4 =	Treatment or Medication Taken:				
Treat- ment	Effect of Treatment:				
Ses	Hours of Sleep:				
Circumstances	What I ate today:				
Events prior to headache: (e.g. strenuous activity, elevated stress, etc)					
Comments					