

Headache diary

Month _____ Year _____

Fill in one line every day, including days without a headache. It takes less than a minute, and it shows your doctor a pattern that no single visit can.

Day	Pain 0 to 3	How long hours	Medicine taken name and how many doses	Helped? Y, P or N	Possible triggers codes on the right	Missed plans? tick	Notes
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Pain scale

- 0** No headache
1 Mild: you can do everything
2 Moderate: it slows you down
3 Severe: you have to stop and rest

Did the medicine help?

- Y** Yes, the headache went away
P Partly
N No

Trigger codes

- Sl** Short or broken sleep
St Stress
Me Missed or late meal
Ca More or less caffeine than usual
Al Alcohol
Pe Period
We Weather, heat or Santa Ana winds
Sc Long screen time
Ex Hard exercise or strain
Ot Other: write it in Notes

At the end of the month, count

Headache days _____
Severe days (pain 3) _____
Days with any pain medicine _____
Days you missed plans _____
Pain medicine on more than two or three days a week is a reason to talk with us: it can make headaches more frequent.

Call 911 or go to an emergency department for

- A sudden, severe headache that peaks within a minute
- A headache with weakness, numbness, trouble speaking, confusion or a seizure
- A headache with fever and a stiff neck