

# My Headache Diary *Diary...*

Date						
Start time	am / pm		am / pm		am / pm	
End time	am / pm		am / pm		am / pm	
Intensity (1 to 5 scale)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Location of pain (behind the eyes, base of head, etc.)						
Treatment medications						
Other relief actions taken (cold compress, dark room, etc.)						
Effect of treatment						
Any recognizable warning signs?						

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<b>Where were you just beforehand?</b>					
<b>Who were you with just beforehand?</b>					
<b>What were your emotions at onset?</b>					
<b>What did you eat or drink beforehand?</b>					
<b>Possible triggers?</b>					
<b>Hours of sleep last night?</b>					
<b>Comments</b>					