

Headache diary

_____ month

Please indicate which medication you use when suffering from headache:

1. _____
2. _____
3. _____

Headache intensity: 0-10 points
(0= no pain, 10 = most severe pain)

Preceding symptoms:

- A - Flashes or dazzling zigzag lines
- B - Numbness or abnormal sensation
- C - Speech impairment
- * other _____
- o another _____

Pain duration in hours

Headache triggers

1. Agitation or stress
2. Recovery after stress
3. Change of sleeping patterns
4. Menstruation
5. Your personal trigger _____
6. Another personal trigger _____

Other symptoms (during headache)

- D - Lacrimation (tearing)
- E - Red eyes
- F - Runny or congested nose
- G -Stomack pain
- H - Other _____

Date	Pain type and location							Symptoms					Medication	Dosage	Did medication help?			Day		
	Intensity	preceding symptoms	Duration	Throbbing/stabbing	Pressing / dull	One side	On Both sides	Triggers	Vomiting	Nausea	Sensitivity to:				Additional symptoms	Yes	No		Somewhat	
											noise	light								odor
1																		1		
2																		2		
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