HEADACHE DIARY

Feel free to print multiple copies for your personal use to track the following information.

Date /Day of week of headache	Time/Duration (start/finish)	Location of pain	Intensity of pain (on a scale of 1 to 10, 10 being the worst)	Activities or circumstances at time of onset	Time of most recent meal	Hours of sleep in the past 24 hrs	Triggers (weather/odors)	Warning Signs (aura)	Medication (time and dosage)	Stressors