

Headache diary

A simple daily record. Note what happened while it is still easy to remember.

Date

Name or initials (optional)

ENTRY 1

Start: _____ End: _____ Pain (1-10): _____

Pain location and symptoms

Possible triggers or context

Medicine / time taken / relief noted

ENTRY 2

Start: _____ End: _____ Pain (1-10): _____

Pain location and symptoms

Possible triggers or context

Medicine / time taken / relief noted

ENTRY 3

Start: _____ End: _____ Pain (1-10): _____

Pain location and symptoms

Possible triggers or context

Medicine / time taken / relief noted

Anything else to remember? Sleep, meals, pressure, daily activity or questions.

Use another sheet if needed. Bring your record to your next appointment.