

Headache Diary

Make copies of this migraine headache diary and use it to keep track of headaches or migraines.

Date				
Time headache began				
Time headache ended				
Warning signs (aura)				
Location of pain				
Type of pain (pressing, throbbing, piercing, etc.)				
Intensity of pain* (circle one number to the right)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Other symptoms (nausea, vomiting)				
Medication taken/other treatment				
Effect of treatment				
How headache affected my normal routine				
Hours of sleep the night before the headache				
What I ate before the headache (caffeine, diet soda, chocolate, hot dogs, food with artificial sweeteners, processed foods)				
Activities before headache occurred				
Important or stressful events that occurred today				
Comments				

WebMD Medical Reference

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