

### Headache Diary

<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
Warning Signs:  <i>(i.e. visual changes, dizziness, nausea)</i>	Warning Signs:  <i>(i.e. visual changes, dizziness, nausea)</i>	Warning Signs:  <i>(i.e. visual changes, dizziness, nausea)</i>	Warning Signs:  <i>(i.e. visual changes, dizziness, nausea)</i>
Time Headache Began:	Time Headache Began:	Time Headache Began:	Time Headache Began:
Time Headache Ended:	Time Headache Ended:	Time Headache Ended:	Time Headache Ended:
Type of Pain:  <i>(i.e. piercing, throbbing)</i>	Type of Pain:  <i>(i.e. piercing, throbbing)</i>	Type of Pain:  <i>(i.e. piercing, throbbing)</i>	Type of Pain:  <i>(i.e. piercing, throbbing)</i>
Pain intensity  1 2 3 4 5 6 7 8 9 10 <i>(1 = low) (10 = high)</i>	Pain intensity  1 2 3 4 5 6 7 8 9 10 <i>(1 = low) (10 = high)</i>	Pain intensity  1 2 3 4 5 6 7 8 9 10 <i>(1 = low) (10 = high)</i>	Pain intensity  1 2 3 4 5 6 7 8 9 10 <i>(1 = low) (10 = high)</i>
Location:  <i>(i.e. between eyes, right side or left side)</i>	Location:  <i>(i.e. between eyes, right side or left side)</i>	Location:  <i>(i.e. between eyes, right side or left side)</i>	Location:  <i>(i.e. between eyes, right side or left side)</i>
Relief Measures Attempted:  <i>(i.e. Ice pack, rest)</i>	Relief Measures Attempted:  <i>(i.e. Ice pack, rest)</i>	Relief Measures Attempted:  <i>(i.e. Ice pack, rest)</i>	Relief Measures Attempted:  <i>(i.e. Ice pack, rest)</i>
Medication taken:	Medication taken:	Medication taken:	Medication taken:
Effect of Treatment:	Effect of Treatment:	Effect of Treatment:	Effect of Treatment:
Hours of Sleep Last Night:	Hours of Sleep Last Night:	Hours of Sleep Last Night:	Hours of Sleep Last Night:
What You Ate Today:  <i>(i.e. chocolate, MSG, alcohol, cured meats)</i>	What You Ate Today:  <i>(i.e. chocolate, MSG, alcohol, cured meats)</i>	What You Ate Today:  <i>(i.e. chocolate, MSG, alcohol, cured meats)</i>	What You Ate Today:  <i>(i.e. chocolate, MSG, alcohol, cured meats)</i>
Events Prior to Headache:  <i>(i.e. exercise, stress)</i>	Events Prior to Headache:  <i>(i.e. exercise, stress)</i>	Events Prior to Headache:  <i>(i.e. exercise, stress)</i>	Events Prior to Headache:  <i>(i.e. exercise, stress)</i>
Comments:	Comments:	Comments:	Comments: