

Patient's Name _____ Date Started _____

Headache Diary

Headache Keys

1. INTENSITY

1 (mild) 5 (moderate) 10 (severe)

2. HEADACHE INTENSITY AFTER MEDICATION

0 (none) 1(mild) 5 (moderate) 10 (severe)

3. EMOTIONAL STRESS TRIGGERS

- 1-family or friends
- 2-work
- 3-social life
- 4-financial difficulties
- 5-relaxation after stress
- 6-other

4. PHYSICAL TRIGGERS

- | | |
|--------------------------|------------------|
| 1-fatigue | 11-high altitude |
| 2-lack of sleep | 12-travel |
| 3-oversleeping | 13-vacation |
| 4-bright/flashing lights | 14-weekend |
| 5-sun or glare | 15-other |
| 6-loud noise | |
| 7-strong smells | |
| 8-heat/high humidity | |
| 9-menstruation | |
| 10-exercise or labor | |

5. FOOD AND DRINK TRIGGERS

- 1-missing a meal
- 2-chocolate
- 3-cheese
- 4-citrus fruits
- 5-MSG
- 6-hot dogs or cured meat
- 7-alcohol or beer
- 8-wine
- 9-other

Date of Headache	Time Started	Time Stopped	1 Intensity	Medication taken	2 Intensity after medication	3 Emotional stress triggers	4 Physical Triggers	5 Food and drink Triggers