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HEADACHE DIARY

Name_____ D.O.B._____

Date/Week Day	Onset Time	Severity@ onset * Scale	Medication Taken Dosage and time	Time ended	Degree of relief *Scale	Psychic/ Physical *Code	Food/ Drink *Code

Severity Scale
0- No headache
1- Mild headache
2- Moderate headache
3- Severe headache

Menstrual Calendar
1st day_____
Last day_____
End of Menses_____
Next Menses_____

Psychic & Physical Factors
1- Emotional upset
2- Business/School Problem
3- Vacation
4- Weekends
5- Strenuous exercise or labor
6- Anticipation anxiety
7- Crisis period
8- New job or move
9-Menstural day
10-Physical Illness
11-Oversleeping/change in sleep patterns
12-Weather-barometric pressure
13-Other-describe

Food or Drink
A-Ripened Cheese
B- Chocolate
C- Fermented foods (yogurt, pickles, sour cream)
D- Freshly baked yeast product
E- Nuts (peanut butter)
F- MSG (Chinese food)
G- Citrus fruits/beverage
H- Caffeinated beverage
I- Fermented sausage
J- Wine, beer, alcohol
K- Other (bananas, avocado, liver)