

HEADACHE DIARY

Patient Name: _____ Date of Birth: _____

Date Week/Day	Onset Time	Severity at Onset (scale below)	Medication Taken (Dosage & Time)	Time Ended	Degree of Relief (scale below)	Lifestyle/Physical (codes below)	Food/Drink (codes below)

Severity Scale
 0 – No Headache
 1 – Mild Headache
 2 – Moderate Headache
 3 – Severe Headache

Lifestyle/Physical Codes
 1 – Emotional Upset
 2 – Work/School Problem
 3 – Vacation
 4 – Weekend
 5 – Strenuous Exercise
 6 – Worry/Anxiety
 7 – Crisis Moment
 8 – New job or Move
 9 – Menstrual Day
 10 – Physical Illness
 11 – Overslept/Change in sleep patterns
 12 – Weather changes
 13 – Other (describe)

Food/Drink Codes
 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/beverages
 H – Caffeinated beverages
 I – Fermented Sausage
 J – Wine, beer, alcohol
 K – Other (describe)

Menstrual Calendar
 1st Day:

 Last Day:

 Next Period due on:
