

Headache Diary

Month:.....

1. Place a mark against the score that best represents the intensity of your headache before and after midday of each day of the week.
2. Mark every time you use pain reliever medication: use letters, for example, T for Triptans, A for Aspirin, I for Ibuprofen, etc.
3. For pre-menopausal females, mark the days of your menstrual period.
4. Photocopy this sheet and reuse for longer than a month if you wish.

Week One														Week Two																		
		Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Mon		Tue		Wed		Thurs		Fri		Sat		Sun				
Worst ever headache	10																															
	9																															
	8																															
	7																															
	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
No headache	0																															
		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm			

Week Three														Week Four																	
		Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Mon		Tue		Wed		Thurs		Fri		Sat		Sun			
Worst ever headache	10																														
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	3																														
	2																														
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No headache	0																														
		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm		