

## Weekly Headache Diary

|   | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|--------|---------|-----------|----------|--------|----------|
| <b>Dates</b>  |        |        |         |           |          |        |          |
| Time of pain onset  |        |        |         |           |          |        |          |
| Time of pain relief   |        |        |         |           |          |        |          |
| Severity of pain<br><small>(Scale 1-5 with 5 the worst)</small>   |        |        |         |           |          |        |          |
| Location of pain:<br><small>(e.g. between eyes, back of head, etc)</small>  |        |        |         |           |          |        |          |
| Symptoms<br><small>(nausea, blurred vision, throbbing, disability, etc)</small>   |        |        |         |           |          |        |          |
| Treatment or medication 1 (dose)  |        |        |         |           |          |        |          |
| Treatment or medication 2 (dose)  |        |        |         |           |          |        |          |
| Treatment or medication 3 (dose)  |        |        |         |           |          |        |          |
| Effects of Treatments:  |        |        |         |           |          |        |          |
|   | 1-     |        |         |           |          |        |          |
|   | 2-     |        |         |           |          |        |          |
|   | 3-     |        |         |           |          |        |          |
| Noted triggers:<br><small>(foods, menses, caffeine, stress, strenuous activity, emotional, weather, lack of sleep, etc)</small> |        |        |         |           |          |        |          |
| Comments  |        |        |         |           |          |        |          |