

Monthly headache diary

A tick for headache-free days, a few details for headache days. Bring it to your appointment.



Month: _____ Year: _____ Name: _____

Day	Head- ache?	Severity 0–10	Duration (hours)	Medicine, dose, and how many times	Helped?	Hours of sleep	Missed a meal	Period	Notes: anything different today?
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Severity: 0 is no pain, 10 the worst pain you can imagine.

Count your painkiller days at the end of the month. Ten or more are worth discussing with your doctor.

Helped? Yes, partly, or no, two hours after the medicine.

Don't cut out a food after one attack. Look for what repeats over two or three months.