

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

Headache Diary

Take control with your Headache Diary. The more you know about your condition, the more you can tell your health care provider and the better your treatment plan will be. This detailed headache diary is designed for you to record all the information possible about your headaches to share with your provider.



HEADACHE SEVERITY

The diary is numbered 1-31 for each day of the month. On the days you have a headache record in the box the number that describes your headache. **1=mild, 2=moderate, 3=severe**

DAYS OF THE MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Evening/Night																															

DAYS OF THE MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TRIGGERS*																															
MENSTRUAL PERIOD**																															

*Triggers - Each trigger has been assigned a number. Record the numbers of the triggers you may have been exposed to on the day of your headache.

**Menstrual Period - Place an "X" on the days you have your period

HORMONES		DIET		CHANGES		STRESS	
1	Menses (period)	9	Alcohol	19	Weather	28	Let-down Periods
2	Ovulation	10	Chocolate	20	Seasons		<i>vacations, weekends,</i>
3	Hormone Replacement Therapy	11	Aged Cheeses	21	Travel		<i>after a major event</i>
4	Oral Contraceptives	12	Monosodium Glutamate (MSG)		<i>crossing time zones</i>	29	Times of Intense Activity
SENSORY STIMULI		13	Artificial Sweeteners	22	Altitude	30	Loss
5	Strong Light	14	Caffeine	23	Schedule Change		<i>death, separation,</i>
6	Flickering Light	15	Nuts	24	Sleeping Patterns		<i>divorce</i>
7	Odors	16	Nitrates & Nitrites		<i>erratic or changes</i>	31	Relationship Difficulties
8	Other (sensory stimuli)		<i>Found in hot dogs, bologna,</i>		<i>in normal pattern</i>	32	Job Stress, Loss, Change
		17	Citrus Fruits	25	Diet	33	Crisis
		18	Other (diet)	26	Skipping Meals	34	Other (stress)
				27	Other (changes)		

DAYS OF THE MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MED	Dose																															
	Overall Relief																															
MED	Dose																															
	Overall Relief																															
MED	Dose																															
	Overall Relief																															
MED	Dose																															
	Overall Relief																															

Record all medicines, including over-the-counter and prescription used to treat headache or related symptoms.

On the days you take medication to relieve headache, write the names of the medicines and the doses in the appropriate box. Place a check for each dose you take. Also record in the appropriate box a number from 0 to 3 that describes the amount of overall relief you got from the medicine.

0=no relief, 1=slight relief, 2=moderate relief, 3=complete relief