

Headache Diary

Date/Time Headache started	How long did the pain last?	Where did you feel the pain?	Headache Severity 0=none 1=mild 2=moderate 3=severe	What did you do to relieve the pain?	How long did it take?	Day of Menstrual Cycle (if appropriate)	Stress Level	Weather change? Yes/No	Possible Trigger (Foods, etc)
									
									
									
									
									
									
									