

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.



PLACE LABEL HERE

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) | | |

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|-------------------|----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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