

Headache and Migraine Diary

Name _____Month _____

Tips: Fill in a row as soon as you can, even during an attack · Pain 0 = none, 10 = worst imaginable · Triggers to consider: sleep, skipped meals, stress, weather, alcohol, periods · Note what you took, when, and how you felt after

Date	Started	Ended	Pain (0-10)	Where (side, front, back)	Symptoms (aura, nausea, light, sound)	Possible triggers	What you took and when	How you felt after	Notes