

Headache Log

Use the following log to track your headaches. Remember to bring it with you to your appointments with your health care provider. This will help you better understand your headaches and triggers, and help you create a treatment plan that is right for you.

Headache

Date: _____ Start time: _____ Stop time: _____

Signs: _____

Pain

Type of pain: Piercing Throbbing Pounding Squeezing Tightness

Other: _____

Pain rating: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Location of pain: _____

Treatment

Medicine or therapy tried: _____ Did it help? Yes No

Medicine or therapy tried: _____ Did it help? Yes No

Medicine or therapy tried: _____ Did it help? Yes No

Medicine or therapy tried: _____ Did it help? Yes No

Possible Triggers

Hours of sleep: _____

Foods and beverages consumed: _____

Events before headache (exercise, stress, weather): _____