



Physicians for Children, Inc.

Headache Diary

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Place an "X" on any days a headache occurs and fill out the "headache information" section
(if applicable, mark an "X" on the days of your menstrual cycle)

	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
Headache occurrences																															
Menstrual Cycle																															

Headache Information

Headache Date _____	Headache Date _____	Headache Date _____
Start Time _____	Start Time _____	Start Time _____
End Time _____	End Time _____	End Time _____
Warning signs _____	Warning signs _____	Warning signs _____
Location of pain _____	Location of pain _____	Location of pain _____
Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>	Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>	Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>
Intensity of pain (1-10) _____	Intensity of pain (1-10) _____	Intensity of pain (1-10) _____
Other symptoms _____ <i>nausea, vomiting, vision change</i>	Other symptoms _____ <i>nausea, vomiting, vision change</i>	Other symptoms _____ <i>nausea, vomiting, vision change</i>
Medication/Treatment _____	Medication/Treatment _____	Medication/Treatment _____
Effectiveness of treatment _____	Effectiveness of treatment _____	Effectiveness of treatment _____
Hours of sleep night before _____	Hours of sleep night before _____	Hours of sleep night before _____
Triggers (<i>see examples below</i>) _____	Triggers (<i>see examples below</i>) _____	Triggers (<i>see examples below</i>) _____

Potential triggers (write the number of the items on the line above if it is something you had prior to the headache)

Diet

- Chocolate
- Aged cheeses
- Monosodium glutamate (MSG)
- Artificial sweeteners
- Caffeine
- Nuts
- Nitrates/Nitrites (*found in hot dogs, bologna, other processed meats*)
- Citrus fruits

Changes

- Weather
- Travel across time zone
- Schedule change
- Sleeping patterns
- Diet
- Skipping meals
- Stress

Stimuli

- Strong light
- Flickering light
- Odors
- Electronic use
- Other (add your own)
- _____
- _____
- _____

Headache Diary Continued

Headache Information

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End Time _____	End Time _____	End Time _____
Warning signs _____	Warning signs _____	Warning signs _____
Location of pain _____	Location of pain _____	Location of pain _____
Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>	Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>	Type of Pain _____ <i>pressing, throbbing, piercing, etc</i>
Intensity of pain (1-10) _____	Intensity of pain (1-10) _____	Intensity of pain (1-10) _____
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Medication/Treatment _____	Medication/Treatment _____	Medication/Treatment _____
Effectiveness of treatment _____	Effectiveness of treatment _____	Effectiveness of treatment _____
Hours of sleep night before _____	Hours of sleep night before _____	Hours of sleep night before _____
Triggers (<i>see examples below</i>) _____	Triggers (<i>see examples below</i>) _____	Triggers (<i>see examples below</i>) _____

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Diet

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2. Aged cheeses
3. Monosodium glutamate (MSG)
4. Artificial sweeteners
5. Caffeine
6. Nuts
7. Nitrates/Nitrites (*found in hot dogs, bologna, other processed meats*)
8. Citrus fruits

Changes

9. Weather
10. Travel across time zone
11. Schedule change
12. Sleeping patterns
13. Diet
14. Skipping meals
15. Stress

Stimuli

16. Strong light
17. Flickering light
18. Odors
19. Electronic use
- Other (add your own)**
20. _____
21. _____
22. _____