Headache diary

Name _____ Month and year _____

Day	Headache start to end	Pain 0–10	Aura Y / N	Symptoms N L S	Medicine, dose, time taken	Pain-free after 2 h?	Period day	Possible triggers, notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Symptoms: N nausea or vomiting, L light sensitivity, S sound sensitivity. **Pain:** 0 none, 10 worst imaginable. **Medicine:** write each dose on its own line, for example “sumatriptan 50 mg 08:30”. **Pain-free after 2 h:** Y if the headache was gone 2 hours after the first dose. **Period day:** 1 is the first day of bleeding.

Headache diary

Name _____ Month and year _____

Day	Headache start to end	Pain 0–10	Aura Y / N	Symptoms N L S	Medicine, dose, time taken	Pain-free after 2 h?	Period day	Possible triggers, notes
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Month summary

Days with headache _____

Days with triptans (limit 10) _____

Days with NSAIDs or aspirin (limit 15) _____

Days with acetaminophen (limit 15) _____

Days with any acute medicine _____

Days of work or school missed _____

Limits are days per month in the international headache classification (ICHD-3) for medication-overuse headache. Count days, not doses. Discuss the counts with your doctor.