

Headache Diary

Date	Time	Weather	Duration	Intensity ¹	Location ²	Treatment	Effective	Triggers	Notes ³



<http://www.ouch-us.org>

Instructions: Please complete an entry for each headache.
1. Intensity on a scale of 0 – 10 with 10 being the worst pain you have ever felt in your life.
2. Location of the pain
3. Note anything special or different about this headache and/or any other relevant information.