

Headache Journal

Date: _____

Time headache began: _____

Time headache ended: _____

| | |
|--------------------------------------|--|
| Type of pain | |
| Location of pain | |
| Severity, 1-10 | |
| Warning signs/aura | |
| Medicines used | |
| Food/drink within 24 hrs. | |
| Weather conditions | |
| Other symptoms (vomiting, confusion) | |
| Activities prior to headache | |
| Comments | |

** Rate severity where 1-3 is dull, 4-5 is mild, 6-7 is moderate, and 8-10 is severe.*



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