



For each day, please record the following:

1. **Record the type of headache you experience each day.** Please record your key headache types in the space below.

Some Examples:

A: Usual migraine with light sensitivity and nausea

B: Mild, tight-feeling headache at the back of head and neck

C: Stabbing headache over left eye

You can also use this section to define headache-related symptoms without pain:

A: No headache, but very foggy thinking, off balance and nausea

MY HEADACHE (or Symptom) TYPES:

A: _____

B: _____

C: _____

2. **Record the severity of your headache.** Record the maximum severity that day, using a 0-10 rating scale. Circle the number if the symptoms start while asleep.

0 = No pain or symptoms of any kind

10 = The most severe headache or symptoms you can imagine

3. **Record any medications you take to relieve your symptoms acutely.** It helps to have a shorthand code for this. Please record your code below:

e.g.: I = Imigran (sumatriptan), N = Nurofen (ibuprofen).

4. **Record any triggers.** Please make a note of any triggers that provoked your headache. Please record a code for your common triggers below.

e.g.: P = Menstrual period; LS = Less sleep; OS = oversleep; F = food (note which sort); A = alcohol; T = travel; W = weather; S = stress, D = dehydration

_____	_____	_____	_____
_____	_____	_____	_____

[illegible]

[illegible]

[illegible]

[illegible]