Headache Journal

This handout will help you track information about your headaches. Fill in the chart below. The information you write in this chart will help your doctor figure out what type of headache you have and how to best treat it.

Date	Time (When did the headache start and end?)	How intense was the headache? Rate 1 - 10 (10 being most severe)	Symptoms you had before the headache started	What triggered (caused) the headache? (such as sleep, eating/ drinking, and getting your period)	Medicines you took and the dose (amount of medicine)	How much did this help your headache? (a lot, a little, not at all)
	Started at 10am	7	Felt lightheaded	Not getting enough sleep	Advil (2 pills)	A little
	Ended at 2pm		Blurred eyesight			

Adapted from the

National Headache

Foundation





