Headache & Migraine Diary http://triggerpointrelief.com

Page#_____	Date:	Date:	Date:
Date/Time headache started			
Date/Time headache ended			
Where is the pain?			
Intensity of pain (mild, moderate, severe, very severe, or scale 1-10)			
Other symptoms?			
What were you doing at the time?			
How long and how well did you sleep last night?			
What did you eat, drink, smell, and hear in the last 24 hours?			
What were you feeling prior to onset (anger, fear, sadness, stress, joy, depression…)?			
What made you feel better?			
What made you feel worse?			
Menstrual cycle notes			
Other:			