



HEADACHE DIARY

DATE: From _____ to _____

	DAY 1	2	3	4	5	6	7	8	9	10	11	12	13	14
Barometric Pressure														
Temperature														
Humidity														
Sky e.g. clear, cloudy														
Warning Signs e.g. aura														
Headache Started														
Headache Ended														
Headache Duration														
Headache Location e.g. forehead														
Pain Type e.g. sharp, dull														
Pain Intensity 1 (low) - 9 (High)														
Nausea or Vomiting														
Treatment or Medication Taken														
Effect of Medication 1 (Low) - 9 (High)														
Altitude or other Comments														