Headache diary

Name:	
Data	



Questions	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sleep	Hours:						
How many hours?	Quality:						
How well did you sleep? Time you got up?	Got up:						
Headache – when, type of pain,	Start:						
location, describe it, any other comments?	Type:	Type:	Type:	Туре:	Type:	Type:	Type:
comments?	Describe:						
Pain level – how bad?							
(Scale 1 - 10)							
Headache – how long?							
Activity levels (how many minutes of physical activity did you do today? Type?)							
Regular meals – breakfast, lunch	Breakfast:						
and dinner. (See notes 1 & 2)	Lunch:						
	Dinner:						
	Snacks:						
Medications , supplements, etc.							
Alcohol & caffeine	Caffeine:						
(How many of each?) (See note 3)	Alcohol:						
Stress levels for day							
(1 = high, 5 = low)							
Feelings – happy, sad, angry, anxious, depressed?							
Any other comments, possible triggers?							

Note 1: Meals – Score 0 if skipped meal, 1 = unhealthy meal eg high fat, sugar or takeaways through to 5 = health meal, small portions, fruit/veg, little processed foods

Note 2: Snacks - Score 1 = unhealthy snacks (eg biscuits, cake, chips, fizz); Score 2 = excess snakcs; Score 3 = reasonable snacks; Score 4 = healthy snacks; Score 5 = no snacks

Note 3: Alcohol - Record in units. One unit = 10g of alcohol = 100ml of wine, 330ml of beer, etc. More at www.alcohol.org.nz/alcohol-you/whats-standard-drink

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Questions	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sleep	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
How many hours? How well did you sleep?	Quality:	Quality:	Quality:	Quality:	Quality:	Quality:	Quality:
Time you got up?	Got up:	Got up:	Got up:	Got up:	Got up:	Got up:	Got up:
Headache – when, type of pain,	Start:	Start:	Start:	Start:	Start:	Start:	Start:
location, describe it, any other comments?	Туре:	Туре:	Type:	Туре:	Туре:	Туре:	Туре:
	Describe:	Describe:	Describe:	Describe:	Describe:	Describe:	Describe:
Pain level – how bad?							
(Scale 1 - 10)							
Headache – how long?							
Activity levels (how many minutes of physical activity did you do today? Type?)							
Regular meals – breakfast, lunch	Breakfast:	Breakfast:	Breakfast:	BreaWkfast:	Breakfast:	Breakfast:	Breakfast:
and dinner. (See notes 1 & 2)	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:
	Dinner:	Dinner:	Dinner:	Dinner:	Dinner:	Dinner:	Dinner:
	Snacks:	Snacks:	Snacks:	Snacks:	Snacks:	Snacks:	Snacks:
Medications, supplements, etc.							
Alcohol & caffeine	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:
(How many of each?) (See note 3)							
	Alcohol:	Alcohol:	Alcohol:	Alcohol:	Alcohol:	Alcohol:	Alcohol:
Stress levels for day (1 = high, 5 = low)							
Feelings – happy, sad, angry, anxious, depressed?							
Any other comments, possible triggers?							