

Headache Journal

Fill out for each headache, even if you have more than one headache in the same day.

Time: _____

Day: _____

When was your last period? _____

When do you expect your next period? _____

What foods did you eat today? _____

What foods/beverages did you eat yesterday? _____

What foods/beverages did you eat before your headache? _____

What number headache is this today? _____

What was your stress level before the headache (0-10)? _____

What was your stress level at the time of the headache? _____

What physical activities did you do before the headache? _____

What physical activity was occurring when your headache started? _____

How much water did you drink today? _____

How much water did you drink yesterday? _____

Anything different today (soaps, animals, clothes, perfumes, environment)?

How much sleep did you get the night before? _____

Did you take any medications/vitamins etc. today? _____

Describe your headache:

Where on your head/neck? _____

What does it feel like? _____

Do you feel the pain anywhere else in your body? _____

Any visual disturbances (describe)? _____

How long does it last? _____

Nausea/vomiting? _____

Visions/smells before/during the headache? _____

Other: _____