Headache diary

One row per day. Fill in what you can. A blank row means "not recorded".

Name _____ Month _____ Year _____

Day: circle (C) clear, (H) headache, (M) migraine. **Pain:** worst of the day, 0 (none) to 10 (worst). **Work:** missed **N**one, **P**art or **F**ull day. **Lay down:** tick if you had to stop and lie down.

Date	Day	Pain	Medication taken (name and time)	Work	Lay down	Possible triggers and notes
1	C H M			N P F	☐	
2	C H M			N P F	☐	
3	C H M			N P F	☐	
4	C H M			N P F	☐	
5	C H M			N P F	☐	
6	C H M			N P F	☐	
7	C H M			N P F	☐	
8	C H M			N P F	☐	
9	C H M			N P F	☐	
10	C H M			N P F	☐	
11	C H M			N P F	☐	
12	C H M			N P F	☐	
13	C H M			N P F	☐	
14	C H M			N P F	☐	
15	C H M			N P F	☐	
16	C H M			N P F	☐	
17	C H M			N P F	☐	
18	C H M			N P F	☐	
19	C H M			N P F	☐	
20	C H M			N P F	☐	
21	C H M			N P F	☐	
22	C H M			N P F	☐	
23	C H M			N P F	☐	
24	C H M			N P F	☐	
25	C H M			N P F	☐	
26	C H M			N P F	☐	
27	C H M			N P F	☐	
28	C H M			N P F	☐	
29	C H M			N P F	☐	
30	C H M			N P F	☐	
31	C H M			N P F	☐	

Month totals

Headache days (H + M) _____ Migraine days (M) _____ Days with medication _____

Days not recorded _____ Medication limit from my doctor _____ days a month

Free from headright.app. A record for you and your doctor, not medical advice.

Attack details

Optional. Use a box when you want to remember more about a bad day.

Date _____ Started _____ Ended _____

Worst pain (0–10) _____ Aura? **Yes** / **No**

Lay down? **Yes** / **No**

☐ Nausea ☐ Vomiting ☐ Light hurts ☐ Sound hurts

☐ Smells hurt ☐ Dizziness ☐ Neck pain

Medication and time _____

Did it help? **No** / **A little** / **A lot** What else helped _____

Notes _____

Date _____ Started _____ Ended _____

Worst pain (0–10) _____ Aura? **Yes** / **No**

Lay down? **Yes** / **No**

☐ Nausea ☐ Vomiting ☐ Light hurts ☐ Sound hurts

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Medication and time _____

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Medication and time _____

Did it help? **No** / **A little** / **A lot** What else helped _____

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Medication and time _____

Did it help? **No** / **A little** / **A lot** What else helped _____

Notes _____

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