Headache diary

_____
month

Please indicate which medication you use when suffering from headache:

1. _____
2. _____
3. _____

Headache intensity: 0-10 points
(0= no pain, 10 = most severe pain)

Preceding symptoms:
A - Flashes or dazzling zigzag lines
B - Numbness or abnormal sensation
C - Speech impairment
* other_____

Pain duration in hours

Headache triggers
1. Agitation or stress
2. Recovery after stress
3. Change of sleeping patterns
4. Menstruation
5. Your personal triger_____
6. Another personal triger_____

Other symptoms (during headache)
D - Lacrimation (tearing)
E - Red eyes
F - Runny or congested nose
G -Stomack pain
H - Other_____

Avots: http://www.dmkg.de

	Pain type and location								Symptoms									Relief by the medication			
Date	Intensity	preceding symptoms	Duration	Throbbing/stabbing	Pressing / dull	One side	On Both sides	Triggers	Vomiting	Nausea	Sensitivity to: noise	Sensitivity to: light	Sensitivity to: odor	Additional symptoms	Medication	Dosage	Yes	No	Somewhat	Date
1																				1
2																				2
3																				3
4																				4
5																				5
6																				6
7																				7
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