

MONTH:

Weekday→	_____	_____	_____	_____	_____	_____	_____
Time Begun Time End Pain Scale Type of pain Trigger Location Medication Effect of Rx Hrs of Sleep	1	2	3	4	5	6	7
Time Begun Time End Pain Scale Type of pain Trigger Location Medication Effect of Rx Hrs of Sleep	8	9	10	11	12	13	14
Time Begun Time End Pain Scale Type of pain Trigger Location Medication Effect of Rx Hrs of Sleep	15	16	17	18	19	20	21

Time Begun Time End Pain Scale Type of pain Trigger Location Medication Effect of Rx Hrs of Sleep	22	23	24	25	26	27	28
Time Begun Time End Pain Scale Type of pain Trigger Location Medication Effect of Rx Hrs of Sleep	29	30	31				

Guide:

- **Time Begun:** Enter the time when the headache started
- **Time End:** Enter the time when the headache stopped
- **Pain Scale:** LOW (1 2 3 4 5 6 7 8 9 10) HIGHEST
- **Type of Pain:** Throbbing Stabbing Pounding Dull ache Pulsating Other (specify)
- **Trigger:** Certain Foods (such as chocolate, cheese, wine), some Physical activities (including sexual), changes in the Weather, Bright Light, Strong Odors, Noise, Stress, and interruptions in your Sleep pattern
- **Location:** Frontal bilateral (FB), Back Bilateral (BB), Right Side (R), Left Side (L), Temporal Bilaterally (TB)
- **Medication:** OTC, Rx
- **Effect of Rx:** Resolved, Moderate improvement, Mild Improvement, No Improvement
- **Hours of Sleep:** Enter the hours of sleep the night before