

Headache Diary

	Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								
Week 10								
Week 11								
Week 12								

Instructions

If you **do not** have a headache, leave the box **blank**

Put **1** if you are aware of having **mild** headache that does not prevent you carrying out your usual activities (such as housework, caring for others, social or leisure activities, work and education) and you do not need to take painkillers.

Put **2** if you have a **moderate** headache, which significantly affects your activities, but does not prevent them altogether. You may need to take painkillers or to go to sleep to ease it.

Put **3** if your headache is **severe** preventing you from doing your usual activities.

You may want to add in information about additional symptoms or medication you tried