ROCKFORD NEUROSCIENCE CENTER HEADACHE DIARY

Patient's Name:					Date Started:	Date Started:			
Date of Headache	Time Started	Time Stopped	Headache Intensity	Medication(s) Taken	Intensity After Meds	Emotional Stress Triggers	Physical Triggers	Food and Drink Triggers	
1			+ · · ·	, <i>,</i> ,			<u> </u>		
1			1 1					1	
			1 7						
			1 ,						
			1 ,						
			1 1						
			1 ,						
			1 ,						
			1 1					1	
		1	1 1					1	
1			1 1						
1		1	1 1			1		1	
1		1	1 1			1		1	
, ,		1	1 1				1	1	
,			1 1					1	
			· · · · ·			1		1	
1			† • •			1		1	
,			† • •					1	
· · · · · · · · · · · · · · · · · · ·								1	
					· ·	•		-	
Headache Intensity Emotional Stress					3: Oversleeping				
1: Mild			Triggers		4: Bright/flashing	រ lights			
2: Moderate			1: Family or friends		5: Sun or glare	-	Food and D	Drink Triggers	
3: Severe			2: Work		6: Loud Noise		1: Missing a	a meal	
			3: Social life	e	7: Strong smells	7: Strong smells		2: Chocolate	
Headache Intensity			4: Financial difficulties		5	8: Heat/high humidity		3: Cheese	
After Medication			5: Relaxation after stress		9: Menstruation	9: Menstruation		4: Citrus Fruit	
0: None			6: Other			10: Exercise or labor		5: MSG	
1: Mild						11: High altitude		6: Hot dogs or cured meat	
2: Moderate			Physical Triggers		12: Travel			7: Alcohol or beer	
3: Severe			1: Fatigue			13: Vacation		8: Wine	
			2: Lack of Sleep			14: Weekend		9: Other	
© ROCKFORD NEL		CENTER							