

# Headache Diary

Example

Day	Prevention	Headache	Symptoms	Warning Signs	Acute Medication/ Device	Lifestyle	Behavioral Coping
Mon Feb Day 17	Medication: Y <input checked="" type="checkbox"/> N Device Y <input checked="" type="checkbox"/> N Behaviors: deep breathing 10min	Y <input checked="" type="checkbox"/> N Pain (0-10): 6 Start time: 7 End time: 9	Sensitive to Light: Y <input checked="" type="checkbox"/> N Sound: Y <input checked="" type="checkbox"/> N Nausea: Y <input checked="" type="checkbox"/> N Vomit: Y N <input checked="" type="checkbox"/> Worse with activity: Y <input checked="" type="checkbox"/> N	Aura: Y N <input checked="" type="checkbox"/> Neck pain Tired Couldn't concentrate	Medication: Sumatriptan Time & Dosing: 100mg @ 4pm Device: Cefaly Time: 4:30pm	Stress (0-10): 6 Hours slept: 7 Sleep quality: Good Physically active: Y N <input checked="" type="checkbox"/> Skipped meal: Y N <input checked="" type="checkbox"/> Hydration: Y <input checked="" type="checkbox"/> N Caffeine: Y <input checked="" type="checkbox"/> N Headache interference (0-10): 9	Used coping statements Practiced relaxation

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	Medication: Y    N  Device Y    N  Behaviors:	Y    N  Pain (0-10):  Start time:  End time:	Sensitive to Light: Y    N Sound: Y    N  Nausea: Y    N Vomit: Y    N  Worse with activity: Y    N	Aura: Y    N	Medication:   Time & Dosing:   Device:   Time:	Stress (0-10): Hours slept: Sleep quality: Physically active: Y    N Skipped meal: Y    N Hydration: Y    N Caffeine: Y    N  Headache interference (0-10):	
	Medication: Y    N  Device Y    N  Behaviors:	Y    N  Pain (0-10):  Start time:  End time:	Sensitive to Light: Y    N Sound: Y    N  Nausea: Y    N Vomit: Y    N  Worse with activity: Y    N	Aura: Y    N	Medication:   Time & Dosing:   Device:   Time:	Stress (0-10): Hours slept: Sleep quality: Physically active: Y    N Skipped meal: Y    N Hydration: Y    N Caffeine: Y    N  Headache interference (0-10):	