









Neurology Headache Diary

Name: _____ Date of Birth: _____ GP: _____

Date & Time	How long did it last?	Severity * (1 – 10)	Where is it?	Description ^	Triggers §	Treatment
20/01/2023 11am	3 hours	5		Pounding Light sensitive Vomited	Hot weather Skipped lunch	Ibuprofen, rest, ice
----- Example Line -----						
						
						
						
						
						
						
						

* **Severity** 1 = very mild 3 = mild 5 = moderate 8 = severe 10 = worst headache ever

^ **Description** include how the pain feels and any accompanying symptoms

§ **Triggers**

- Emotions:** stress, anxiety
- Sleep:** too much, too little
- Environment:** cigarettes, perfumes, bright lights, riding in the car
- Weather:** hot days, cold days, windy days, rain
- Dietary:** caffeine drinks, chocolate, aged cheese (blue, cheddar), hot dogs, bacon, peanuts, MSG, chinese food, artificial sweetener, ice cream, skipping meals, alcohol, red wine
- Hormonal:** menstrual cycles, birth control pills