

# Daily Headache Diary

Month: \_\_\_\_\_

Day of the Month	Intensity (1-10)	Duration (# of hrs)	Location (specific)	Quality (ache, throb, squeeze, sharp)	Associated Symptoms (see list below)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

- |                                  |                                 |                                       |
|----------------------------------|---------------------------------|---------------------------------------|
| (A) Stiff or painful neck        | (G) Nasal stuffiness            | (M) Face drooping                     |
| (B) Nausea                       | (H) Runny Nose                  | (N) Numbness (loss of sensation)      |
| (C) Vomiting                     | (I) Sensitivity to strong odors | (O) Fainting, Yawning                 |
| (D) Visual Disturbances*         | (J) Tingling (pins and needles) | (P) Agitation                         |
| (E) Sensitivity to bright lights | (K) Eye tearing                 | (Q) Loss of part of your visual field |
| (F) Sensitivity to loud noises   | (L) Eyelid Swelling             | (R) Neck pain, stiffness              |

Visual disturbances include flashing, blinking lights, and distorted images



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# Daily Headache Diary

Month (Continued): \_\_\_\_\_

Day of the Month	Intensity (1-10)	Duration (# of hrs)	Location (specific)	Quality (ache, throb, squeeze, sharp)	Associated Symptoms (see list below)
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

- |                                  |                                 |                                       |
|----------------------------------|---------------------------------|---------------------------------------|
| (A) Stiff or painful neck        | (G) Nasal stuffiness            | (M) Face drooping                     |
| (B) Nausea                       | (H) Runny Nose                  | (N) Numbness (loss of sensation)      |
| (C) Vomiting                     | (I) Sensitivity to strong odors | (O) Fainting, Yawning                 |
| (D) Visual Disturbances*         | (J) Tingling (pins and needles) | (P) Agitation                         |
| (E) Sensitivity to bright lights | (K) Eye tearing                 | (Q) Loss of part of your visual field |
| (F) Sensitivity to loud noises   | (L) Eyelid Swelling             | (R) Neck pain, stiffness              |

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