

Headache Diary

Date/Time Headache Started	How Long did the pain last?	Where did you feel the pain?	Headache Severity 1 - 2 - 3	What did you do to relieve the pain?	How long did it take?	Day of menstrual Cycle?	Stress Level 1 - 2 - 3	Weather Change? Yes or No	Possible Trigger (foods, etc)
									
									
									
									
									
									
									