

Weekly Headache Log

Name: _____
Date: _____ to _____

When headache pain occurs, mark the approximate area where you feel the pain.

Then keep careful track of the symptoms and frequency, and the effectiveness of your medication below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What time(s) were symptoms detected?							
Describe the symptoms.							
On a scale of 1 to 5 (most severe), how intense was the headache?	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤
How long did it last?							
Name and amount of medication taken.							
On a scale of 1 to 5 (most effective), how effective was the medication?	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤
How many hours sleep did you get last night?							
How many alcoholic drinks did you consume today?							
Any allergens or other possible triggers present?							