# HEADACHE DIARY **Patient Name:**

| | DATE | HEADACHE START TIME | HEADACHE STOP TIME | LOCATION | SEVERITY (0-3 SCALE) | LIST ASSOCIATED SYMPTOMS | DISABILITY SCALE | MEDICINE | EFFECT | SIDE EFFECTS |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0=None<br>1=Mild<br>2=Moderate<br>3=Severe | 0=None 1=Nausea<br>2=Vomiting<br>3=Photophobia<br>4=Phonophobia<br>5=Dizzy | 0=None<br>1=Mild<br>2=Moderate<br>3=Severe | | Improvement Scale 0-5 | |
| **SUN** | | | | | | | | | | |
| **MON** | | | | | | | | | | |
| **TUES** | | | | | | | | | | |
| **WED** | | | | | | | | | | |
| **THURS** | | | | | | | | | | |
| **FRI** | | | | | | | | | | |
| **SAT** | | | | | | | | | | |