

Daily Diary

Date of headache: _____

Type of headache: migraine tension-type other: _____

	Comment
Description of prodrome (symptoms prior to onset of pain)	
Presence of aura	
Time of headache onset	
Severity of worst pain (0=no pain; 10=severe pain)	
Symptoms (<i>eg. nausea, vomiting, photophobia, throbbing, disability</i>)	
Medication 1 taken	<i>Type of medicine:</i> <i>Dose:</i> <i>Time of dose:</i>
Medication 2 taken	<i>Type of medicine:</i> <i>Dose:</i> <i>Time of dose:</i>
Time of headache relief	
Noted triggers or factors that may cause headache (<i>eg. caffeine, menstruation, fasting, sleep deprivation, other</i>)	
Other comments	
Questions about your headache or medication	