Headache Diary		Name:		Dates:			
Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sleep	Hours:						
How many hours?	Quality:						
How well did you sleep?							
Time you got up?	Got up:						
Headache – when,	Start:						
type of pain, location,	Туре:	Туре:	Туре:	Type:	Туре:	Туре:	Туре:
describe it, any other	Describe:						
comments?							
Pain Level - how bad?							
(Scale 1 -10)							
Headache – how long?							
Activity levels (how							
many minutes							
physical activity did							
you do today? Type?)							
Regular meals –	Bkft:						
breakfast, lunch,	Lunch:						
dinner	Dinner:						
(See notes 1 & 2)	Snacks:						
Medications,							
supplements, etc							
Alcohol & Caffeine	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine	Caffeine:
(How many of each?)							
(See Note 3)	Alcohol:						
Stress levels for day							
(1 = high, 5 = low)							
Feelings - happy, sad,							
angry, anxious,							
depressed?							
Any other comments,							
possible triggers?							

Note 1 - Meals – Score 0 if skipped meal, 1 = unhealthy meal eg high fat, sugar or takeaways through to 5 = healthy meal, small portions, fruit/veg, little processed foods Note 2 - Snacks – Score 1 = unhealthy snacks (eg biscuits, cake, chips, fizz); Score 2 = excess snacks; Score 3 = reasonable snacks; 4 = healthy snacks; 5 = no snacks Note 3 - Alcohol – Record in units. One unit = 10g of alcohol = 100ml of wine, 330ml of beer, etc. More at www.alcohol.org.nz/alcohol-you/whats-standard-drink

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How many hours?	Quality:						
How well did you sleep?							
Time you got up?	Got up:						
Headache – when,	Start:						
type of pain, location, describe it, any other	Туре:	Туре:	Туре:	Туре:	Туре:	Type:	Туре:
comments?	Describe:						
comments:	Describe.						
Pain Level - how bad?							
(Scale 1 -10)							
Headache – how long?							
Activity levels (how many minutes							
physical activity did							
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Regular meals –	Bkft:						
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dinner	Dinner:						
(See notes 1 & 2)	Snacks:						
Medications,							
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Alcohol & Caffeine	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine	Caffeine:
(How many of each?)							
(See Note 3)	Alcohol:						
Stress levels for day							
(1 = high, 5 = low) Feelings - happy, sad,							
angry, anxious,							
depressed?							
Any other comments,							
possible triggers?							