

Weekly Headache Tracker

Use this Tracker to record your headache / migraine related details to be used during your discussions with your physician or specialist.

(Enter the appropriate code into this table from the choices below.)

Day of the week	Date	Headache Started (Time)	Location of Pain	Other Symptoms	Intensity of the Pain	Hours Lasted	Probable Triggers	Headache Medications	Other Relief Measures	Any Other Medication used	Hours Slept	Mood before headache
Mon	/ /											
Tue	/ /											
Wed	/ /											
Thu	/ /											
Fri	/ /											
Sat	/ /											
Sun	/ /											

Location of pain	Intensity of the Pain	Other Symptoms	Probable Triggers		Other Relief measures
L1 Behind or between eyes	P1 None	S1 Nausea	T1 Alcohol	T11 Stress at home	R1 Medication (note type/dose)
L2 Forehead or temples	P2 Mild	S2 Vomiting	T2 Caffeine	T12 Medication/skipped dose	R2 Ice
L3 Top of head	P3 Moderate	S3 Light sensitivity	T3 Chocolate	T13 Eyestrain	R3 Heat (compress)
L4 Back of head	P4 Severe	S4 Sensitivity to sound	T4 MSG	T14 Weather/temperature	R4 Bed rest
L5 Neck		S5 Mood changes	T5 Artificial sweeteners	T15 Seasonal allergies	R5 Relaxation practices
L6 One side (L/R)	Mood before headache	S6 Muscle pain/aches	T6 Skipped a meal	T16 Allergies/sinus	R6 Massage
	M1 Normal		T7 Other foods	T17 Overexertion	R7 Lower lights/dark room
	M2 Indifferent		T8 Unpleasant odor	T18 Other (specify)	R8 Other (specify)
	M3 Nervous/anxious		T9 Excess tiredness		
	M4 Sad/discouraged		T10 Stress at work		
	M5 Tired				
	M6 Happy				