

Form - Headache Record

There are many types and causes of headaches. A headache record can help guide your treatment plan. Use this form to record the details. **Bring this form with you to your follow-up visits.**

Follow your health care provider's instructions on how to describe your headache. You may be asked to:

- Use a pain scale. This is a tool to rate the intensity of your headache using words or numbers.
- Describe what your headache feels like, such as dull, achy, throbbing, or sharp.

Headache record

Date: _____ Time (from start to end): _____ Location of the headache: _____

- Intensity of the headache: _____ Description of the headache: _____

- Hours of sleep the night before the headache: _____

- Food or drinks before the headache started: _____

- Events before the headache started: _____

- Symptoms before the headache started: _____

- Symptoms during the headache: _____

- Treatment: _____

- Effect of treatment: _____

- Other comments: _____

Date: _____ Time (from start to end): _____ Location of the headache: _____

- Intensity of the headache: _____ Description of the headache: _____

- Hours of sleep the night before the headache: _____

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- Events before the headache started: _____

- Symptoms before the headache started: _____

- Symptoms during the headache: _____

- Treatment: _____

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