

MIGRAINE HEADACHE LOG

Make copies of the Headache Log sheet (enough for one month). You can organize the log sheets in a loose-leaf notebook. Review your headache log sheet with your healthcare provider.

Name _____ Hours of sleep last night: _____ Quality of sleep: _____
Date _____

Medication(s) taken:

	Excellent	Very Good	Good	Fair	Poor
My health today	1	2	3	4	5

What activities did I do today: sports, work, fun, exercise, other _____

What activity did I have to eliminate due to my physical health: sports, work, fun, exercise other _____

	None	Mild	Moderate	Severe
Headache rating	0	1	2	3

How long did the pain last? _____
Method of relief? _____
Location of pain _____
Description of pain _____
Symptoms associated with headache _____
What has the weather pattern been? _____

My feelings today were:

Happy Energetic	Little uptight Nervous	Downhearted Worried or Blue	Tired No energy	Hopeless Helpless
1	2	3	4	5

Things I did, ate, or drank that weren't good for me _____

Arguments I had _____

Unexpected events that happened to me _____

Worries or fears _____

Accomplishments _____

Something I will do tomorrow that will be a little different _____

Further comments regarding your headache: