

30-day headache diary

A simple way to organise your headache notes before a medical appointment

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How to use this diary

1. Fill in one line every day, including days without a headache. On headache-free days, write 0 in the intensity column. These days matter as much as headache days.
2. Write things down on the same day, ideally soon after a headache, while you still remember the details.
3. Record every dose of medicine you take for headache, including pain relievers bought without a prescription.
4. In each row, simply circle the numbers and letters that apply. The key is at the top of every log page. There are no right or wrong answers.
5. Take the diary to your medical appointment, together with a list of all medicines and supplements you use.

Noticing is not the same as proving

This diary helps you notice patterns. Writing down a factor, such as a short night's sleep or a skipped meal, does not show that it caused the headache. Some things happen together by chance, and some changes may be early signs of a headache that had already started. Discuss possible patterns with your doctor before making big changes.

Your diary stays with you

Print this diary or fill it in on your own device. Please do not send completed pages to us or by email. Share them with your doctor at your appointment.

When not to wait

This diary is not for emergencies. Seek urgent medical care for a sudden, very severe headache; a headache with fever, a stiff neck, confusion, weakness, numbness, difficulty speaking or loss of vision; a headache after a head injury; or a new or very different headache, particularly if you are over 50, pregnant or have a weakened immune system.

Fictional example

FICTIONAL EXAMPLE: not a real patient. For illustration only.

Day / date	Started	Hours	Intensity	Symptoms	Medicine, dose, time	Helped?	Effect	Notes: sleep, meals, other
3 Mar	07:30	6	0 1 2 3	N V L S E O	Medicine A, 1 tablet, 08:00	Y P N	N R M	Slept about 5 hours; skipped breakfast
4 Mar	–	–	0 1 2 3	N V L S E O	–	Y P N	N R M	Slept about 7 hours

Medicine names are left out on purpose. In your own diary, write the actual name and dose of what you take. In this example, the person notices short sleep or travel before two headaches. That is worth mentioning to a doctor, but it does not prove that either caused them.

Daily log · 1–15

Key · Circle what applies in each row.

Intensity (0–3): (0) No headache · (1) Mild (You can carry on with your usual activities.) · (2) Moderate (Usual activities are harder, but still possible.) · (3) Severe (You cannot carry on with your usual activities.)

Associated symptoms: (N) Nausea (feeling sick) · (V) Vomiting · (L) Sensitivity to light · (S) Sensitivity to sound ·

(E) Eyesight changes before or during the headache, such as zigzag lines or flashing lights · (O) Other: describe briefly under observations

Did the medicine help?: (Y) Yes, clearly · (P) Partly · (N) No · (–) No medicine taken

Effect on your day: (N) Normal: no change to your plans · (R) Reduced: you did less or worked more slowly ·

(M) Missed: you missed work, study, family or social activities, or needed to lie down

Observations (optional): Write what you notice, for example hours of sleep, skipped or late meals, how much you drank, your menstrual period (if relevant), unusual stress or physical effort, travel or long screen time. You do not need to fill in every item.

Day / date	Started	Hours	Intensity	Symptoms	Medicine, dose, time	Helped?	Effect	Notes: sleep, meals, other
Day 1			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 2			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 3			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 4			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 5			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 6			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 7			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 8			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 9			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 10			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 11			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 12			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 13			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 14			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 15			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	

Daily log · 16–30

Key · Circle what applies in each row.

Intensity (0–3): (0) No headache · (1) Mild (You can carry on with your usual activities.) · (2) Moderate (Usual activities are harder, but still possible.) · (3) Severe (You cannot carry on with your usual activities.)

Associated symptoms: (N) Nausea (feeling sick) · (V) Vomiting · (L) Sensitivity to light · (S) Sensitivity to sound ·

(E) Eyesight changes before or during the headache, such as zigzag lines or flashing lights · (O) Other: describe briefly under observations

Did the medicine help?: (Y) Yes, clearly · (P) Partly · (N) No · (–) No medicine taken

Effect on your day: (N) Normal: no change to your plans · (R) Reduced: you did less or worked more slowly ·

(M) Missed: you missed work, study, family or social activities, or needed to lie down

Observations (optional): Write what you notice, for example hours of sleep, skipped or late meals, how much you drank, your menstrual period (if relevant), unusual stress or physical effort, travel or long screen time. You do not need to fill in every item.

Day / date	Started	Hours	Intensity	Symptoms	Medicine, dose, time	Helped?	Effect	Notes: sleep, meals, other
Day 16			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 17			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 18			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 19			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 20			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 21			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 22			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 23			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 24			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 25			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 26			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 27			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 28			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 29			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	
Day 30			(0) (1) (2) (3)	(N) (V) (L) (S) (E) (O)		(Y) (P) (N)	(N) (R) (M)	

Before your appointment: 30-day summary

- Days with any headache: ____ of 30
- Days with severe headache (intensity 3): ____
- Days on which you took medicine for headache: ____
- Days with effect “M” (missed activities): ____

Patterns I noticed (remember: noticing is not proof of cause)

Questions I want to ask

Take with you

- This diary
- A list of all medicines and supplements you use, including those bought without a prescription
- Any previous test results or letters about your headaches

Your doctor may suggest keeping a diary for longer than 30 days.

Background

1. Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1–211. doi:10.1177/0333102417738202
2. National Institute for Health and Care Excellence. Headaches in over 12s: diagnosis and management (CG150). Updated 2021.