# 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.)

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Date</th>
<th>Headache Started (Time)</th>
<th>Location of Pain</th>
<th>Other Symptoms</th>
<th>Intensity of the Pain</th>
<th>Hours Lasted</th>
<th>Probable Triggers</th>
<th>Headache Medications</th>
<th>Other Relief Measures</th>
<th>Any Other Medication used</th>
<th>Hours Slept</th>
<th>Mood before headache</th>
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**Location of pain**
- L1 Behind or between eyes
- L2 Forehead or temples
- L3 Top of head
- L4 Back of head
- L5 Neck
- L6 One side (L/R)

**Intensity of the Pain**
- P1 None
- P2 Mild
- P3 Moderate
- P4 Severe

**Other Symptoms**
- S1 Nausea
- S2 Vomiting
- S3 Light sensitivity
- S4 Sensitivity to sound
- S5 Mood changes
- S6 Muscle pain/aches

**Probable Triggers**
- T1 Alcohol
- T2 Caffeine
- T3 Chocolate
- T4 MSG
- T5 Artificial sweeteners
- T6 Skipped a meal
- T7 Other foods
- T8 Unpleasant odor
- T9 Excess tiredness
- T10 Stress at work
- T11 Stress at home
- T12 Medication/skipped dose
- T13 Eyestrain
- T14 Weather/temperature
- T15 Seasonal allergies
- T16 Allergies/sinus
- T17 Overexertion
- T18 Other (specify)

**Other Relief measures**
- R1 Medication (note type/dose)
- R2 Ice
- R3 Heat (compress)
- R4 Bed rest
- R5 Relaxation practices
- R6 Massage
- R7 Lower lights/dark room
- R8 Other (specify)

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