

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