



Petal & Paper

YOUR FREE PRINTABLE

Headache and migraine diary



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HEADACHE TRACKING

headache diary

Headache 1

Date: ____ Start time: ____ End time: ____

Duration: ____

Location: front ☐ back ☐ one side ☐ both ☐

Severity (1–10): ____ Aura: yes ☐ no ☐

Trigger (if known): _____

Medication taken: ____ At what point: ____

Helped: yes/no

Impact on day: work ☐ sleep ☐ activities ☐

Headache 2

Date: ____ Start: ____ End: ____ Duration: ____

Severity: ____ Location: ____ Aura: yes ☐ no ☐

Trigger: _____

Medication: ____ Helped: yes/no

Headache 3

Date: ____ Start: ____ End: ____ Duration: ____

Severity: ____ Location: ____ Aura: yes ☐ no ☐

Trigger: _____

Medication: ____ Helped: yes/no

Monthly summary

Total headaches this month: ____

Headache days: ____ Migraine days: ____

Most common trigger: _____

Medication use days: ____ (>10/month = discuss with GP)

Share with GP / neurologist: ☐