



Headache attack log

One row per attack. Note what you can; an empty box is fine.

Name _____ Month _____ Regular medicines _____

Pain scale 1–2 Mild 3–4 Moderate 5–6 Significant 7–8 Severe 9–10 Extreme

Date	Start and end time	Pain 0–10	Where it hurts (shade it)	Symptoms	Possible triggers	Medicine, dose and time	Did it help? 0–5	Notes
	Start End		 					
	Start End		 					
	Start End		 					
	Start End		 					
	Start End		 					
	Start End		 					



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Looma gives wellness information, not medical advice. Talk to a doctor about your migraines.



Headache attack log, continued

At the end of the month, count up the box below.

Date	Start and end time	Pain 0–10	Where it hurts (shade it)	Symptoms	Possible triggers	Medicine, dose and time	Did it help? 0–5	Notes
	Start End							
	Start End							
	Start End							
	Start End							
	Start End							
	Start End							

Headache days _____ Days I took medicine _____ Worst day _____



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