



Headache diary

One row per day. Fill it in each evening, even on days without a headache.

Name _____ Month _____

Regular medicines _____

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

Day	Headache today? Y/N	Pain 0–10	Possible triggers	Medicine, dose and time	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



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



Headache diary, continued

Days 17 to 31. Then count up the month in the box below.

Day	Headache today? Y/N	Pain 0–10	Possible triggers	Medicine, dose and time	Notes
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Headache days _____ Days I took medicine _____ Worst day _____



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