

# Headache Diary

Advanced TMJ Maxillofacial Pain & Sleep Center recommends this Headache Diary developed by The Migraine Trust. This is a comprehensive tool for patients to monitor their headache symptoms. Advanced TMJ Maxillofacial Pain & Sleep Center has included their logo only to identify the source of distribution.

This headache diary was originally developed by The Migraine Trust and is provided here for patient convenience. Advanced TMJ Maxillofacial Pain & Sleep Center does not claim authorship or ownership of this document. Use of this diary is voluntary and intended only as a tool to help patients track their symptoms. It should not be considered a substitute for professional medical advice, diagnosis, or treatment. Patients are encouraged to discuss their entries with their healthcare provider. The clinic assumes no liability for the use, modification, or outcomes related to this document



**ADVANCED  
TMJ MAXILLOFACIAL PAIN  
& SLEEP CENTER**

TMJ | HEADACHE | FACIAL PAIN | SLEEP APNEA

the  
**migraine**  
trust



**ADVANCED  
TMJ MAXILLOFACIAL PAIN  
& SLEEP CENTER**

TMJ | HEADACHE | FACIAL PAIN | SLEEP APNEA

## Headache Diary

This is a general guide to help you record your migraine attacks, symptoms and treatment.

Recording details of your migraine attacks or headache can be useful. It can help:

- your doctor make a diagnosis
- you recognise triggers and warning signs
- assess whether your acute or preventive medication is working
- show any patterns to attacks

A headache diary can include information on a range of things, however, it's often best to keep it simple and record basic information. This can include:

- date
- day of the week
- duration (how long the attack lasted)
- severity (how bad the attack was). This can either be recorded as mild, moderate or severe. Or on a scale from 1-10, where 10 is the worst pain you can imagine
- other symptoms you experience alongside the headache such as dizziness, vertigo, sensitivity to light, sound, smells or any symptoms that affect your movement (e.g. numbness)
- medication you take, including if you take a second dose
- anything else that may be helpful. Such as side effects from medication, any potential triggers, your period, any changes in medication, and anything else that may be helpful

On the following page is a monthly template of a headache diary you may find helpful.



Preventive and regular medication:

Date	Day	Duration	Severity (1- 10)	Other Symptoms (D=Dizziness, V=Vertigo, L = Light sensitivity, S = Sound sensitivity, M= movement sensitivity)	Acute/Rescue Medication (e.g. paracetamol, ibuprofen, triptans, anti-sickness etc)	Comments (e.g. triggers, menstruation, changes in medication, side effects)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						