**Neurology Headache Diary**

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| Name: |  | Date of Birth: |  | GP: |  |

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| **Date & Time** | **How long did it last?** | **Severity \***  **(1 – 10)** |  | **Where is it?** |  | **Description ^** | **Triggers §** | **Treatment** |
| 20/01/2023 11am  ----- Example Line ------ | 3 hours | 5 |  |  |  | Pounding  Light sensitive  Vomited | Hot weather  Skipped lunch | Ibuprofen, rest, ice |
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**\* Severity** *1 = very mild 3 = mild 5 = moderate 8 = severe 10 = worst headache ever*

^ **Description** include how the pain feels and any accompanying symptoms

§ **Triggers Emotions**: stress, anxiety   
**Sleep**: too much, too little   
**Environment**: cigarettes, perfumes, bright lights, riding in the car   
**Weather**: hot days, cold days, windy days, rain   
**Dietary**: caffeine drinks, chocolate, aged cheese (blue, chedder), hot dogs, bacon, peanuts, MSG, chinese food, artificial sweetener, ice cream, skipping meals, alcohol, red wine   
**Hormonal**: menstrual cycles, birth control pills