NEUROLOGIE
Hirschbichler

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Headache diary

Recording frequency, duration, intensity and possible triggers

NAME _____ DATE OF BIRTH _____ PERIOD FROM – TO _____

Date	Onset time	Duration hrs	Severity 0–10	Location	Type of pain	Accompanying symptoms	Medication & dose	Effect 0–10	Possible triggers

How to fill this in

Severity: 0 = no pain, 10 = the worst pain imaginable.
Location: one-sided left or right, both sides, forehead, neck, behind the eye.
Type: throbbing or pulsating, pressing, stabbing, dull.
Accompanying symptoms: nausea, vomiting, sensitivity to light or noise, aura, visual disturbance, watering eye.
Triggers: lack of sleep, stress, menstruation, weather, alcohol, certain foods, screen work.
Please also note the days without headache — the overall pattern matters as much as a single attack.

Important

A sudden, unusually severe headache — the worst of your life — requires immediate medical attention.
Call 144 straight away. The same applies if paralysis, difficulty speaking or visual loss occur.