

#1 = Mild Headache  
#2 = Moderate Headache  
#3 = Incapacitating Headache

## Headache Diary

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Day of Month	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	
Morning																																
Afternoon																																
Evening																																
Sleeptime																																
Periods																																
Triggers																																

Medication:


Please return completed forms to:  
Loretta Mueller, D.O., FACOFP  
The Headache Center at Jefferson Health  
80 Tanner Street, Haddonfield, NJ 08033  
Phone: (844) 542-2273 | Fax: (856) 429-0891  
MyHeadacheDoctor.com