HEADACHE DIARY

NAME:				AGE:		SEX:	UHID No:	
DATE	HEADACHE ❌/✅	SITE / SIDE	INTENSITY (0 - 10)	DURATION (in hours)	PRECEDING SYMPTOMS (Aura)	TRIGGERS	ANY MEDICATIONS (Dosage)	RELIEF (COMPLETE/MODERATE/NONE)

Compiled by Dr. Rohin Dubbal, Consultant Neurologist, Fortis Hospital, Mumbai.(Adapted from National Headache Foundation, Chicago)