Headache Diary

Date	Time	Weather	Duration	Intensity[1]	Location[2]	Treatment	Effective	Triggers	Notes[3]

O.U.C.H.® Organization for Understanding Cluster Headaches

http://www.ouch-us.org

Instructions: Please complete an entry for each headache.

1. Intensity on a scale of 0 – 10 with 10 being the worst pain you have ever felt in your life.
2. Location of the pain
3. Note anything special or different about this headache and/or any other relevant information.