The Will Erwin
Headache Research Foundation

Headache & Migraine Tracker

Date:				
Time Headache Began:				
Time Headache Ended:				
Foods Eaten Today:				
Hours of Sleep Last Night:				
Other Symptoms: (Nausea, Vomiting, Aura, etc.)				
Pain Level (1-10)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Medications Taken:				
Did the medication alleviate the pain?:	❏ YES ❏ NO	❏ YES ❏ NO	❏ YES ❏ NO	❏ YES ❏ NO
Type of Pain: (Throbbing, Stabbing, etc.)				
Location of Pain:				
Comments:				