

HEADACHE TRACKER

STEP 1

Keep track of your headaches using this form for 1-2 weeks (you can print extra forms if your headaches are very frequent).

STEP 2


When the form is full, look at the horizontal rows to see if there are any patterns in the type of pain and potential causes you've recorded.


STEP 3


If you see patterns in the headache triggers you've noted, think about ways to avoid the triggers. If you did not see any patterns yet, you may want to keep tracking your headache for another week. You may wish to speak to your doctor if your headaches persist.

COMMON HEADACHE TRIGGERS

- Allergies/sinus
- Alcohol consumption
- Loud noises
- Weather changes
- Missing medications
- Toxins/fumes/odors
- Hunger
- Fatigue
- Eyestrain
- Menstruation
- Poor posture
- Anxiety
- Anger
- Depression
- Stress

DATE
DURATION
TYPE OF PAIN (circle all that apply) Aching Dull Pircing Throbbing Squeezing Stabbing Sharp
SEVERITY OF PAIN (circle one) 1 2 3 4 5 6 7 8 9 10 MILD → SEVERE
LOCATION OF PAIN (mark where it hurts) 
MEDICATIONS TAKEN
HEADACHE TRIGGERS
FOODS EATEN PRIOR TO HEADACHE
EXERCISE OR ACTIVITIES PRIOR TO HEADACHE
OTHER SYMPTOMS
COMMENTS/OBSERVATIONS

DATE
DURATION
TYPE OF PAIN (circle all that apply) Aching Dull Pircing Throbbing Squeezing Stabbing Sharp
SEVERITY OF PAIN (circle one) 1 2 3 4 5 6 7 8 9 10 MILD → SEVERE
LOCATION OF PAIN (mark where it hurts) 
MEDICATIONS TAKEN
HEADACHE TRIGGERS
FOODS EATEN PRIOR TO HEADACHE
EXERCISE OR ACTIVITIES PRIOR TO HEADACHE
OTHER SYMPTOMS
COMMENTS/OBSERVATIONS

DATE
DURATION
TYPE OF PAIN (circle all that apply) Aching Dull Pircing Throbbing Squeezing Stabbing Sharp
SEVERITY OF PAIN (circle one) 1 2 3 4 5 6 7 8 9 10 MILD → SEVERE
LOCATION OF PAIN (mark where it hurts) 
MEDICATIONS TAKEN
HEADACHE TRIGGERS
FOODS EATEN PRIOR TO HEADACHE
EXERCISE OR ACTIVITIES PRIOR TO HEADACHE
OTHER SYMPTOMS
COMMENTS/OBSERVATIONS

Feel better,
TYLENOL