



#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 Kennedy Health Alliance
 457 Haddonfield Road, Suite 110, Cherry Hill, NJ 08002
Phone: (856) 406-4091 | **Fax:** (856) 406-4570
 MyHeadacheDoctor.com