

8-WEEK PRINTABLE DIARY

A calmer way to remember the details.

One spacious sheet per week. Mark every day as headache, confirmed headache-free, or leave it blank when it was not recorded.

DAILY KEY

H

Headache day

HF

Confirmed headache-free

-

Not recorded / unknown

BEFORE YOU BEGIN

Name (optional)

Start date

USE IT IN THREE SMALL STEPS

1

Mark the day

Choose H or HF. If you did not record the day, leave both blank.

2

Add what you know

Note timing, worst pain, impact, and medicine only when useful.

3

Bring it with you

Use the summary page to prepare questions for a healthcare visit.

A tracking tool, not an urgency check

Do not wait to complete this diary if you think you need urgent medical care. This template does not diagnose a headache type, identify a cause, or recommend treatment.

Week 1

____ / ____ / ____ to ____ / ____ / ____

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 2

____ / ____ / ____ to ____ / ____ / ____

H headache**HF** confirmed headache-free**blank** not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 3

____ / ____ / ____ to ____ / ____ / ____

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 4

___ / ___ / ___ to ___ / ___ / ___

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 5

___ / ___ / ___ to ___ / ___ / ___

H

headache

HF

confirmed headache-free

blank

not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ___ / ___	☐ H ☐ HF mark one	Start _____ End / total _____	_____ _____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 6

____ / ____ / ____ to ____ / ____ / ____

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 7

____ / ____ / ____ to ____ / ____ / ____

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Week 8

____ / ____ / ____ to ____ / ____ / ____

H headache

HF confirmed headache-free

blank not recorded / unknown

DAY / DATE	STATUS	TIMING / DURATION	PAIN 0-10	IMPACT	RELIEF MEDICINE / TIME
MON ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
TUE ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
WED ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
THU ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
FRI ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SAT ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____
SUN ____ / ____	☐ H ☐ HF mark one	Start _____ End / total _____	_____	☐ usual ☐ limited ☐ stopped	_____ _____

WEEKLY NOTES

Symptoms, pain location, or anything to remember

POSSIBLE FACTORS NOTICED

An observation here does not prove a cause

Headache episode detail

DATE ____ / ____ / ____

Use this page only when extra detail would be helpful. You do not need to complete every field.

TIMING

Start, end, or total duration

PAIN

Worst recorded (0-10), location, and quality

ASSOCIATED SYMPTOMS

For example, nausea or sensitivity - use your own words

RELIEF MEDICINE TAKEN

Name, dose if known, and time taken

POSSIBLE FACTORS NOTICED

Sleep, stress, food, weather, activity, menstrual timing, or something else

EFFECT ON THE DAY

What could you do as usual? What did you limit or stop?

QUESTION OR NOTE FOR A HEALTHCARE PROFESSIONAL

Appointment summary

Count only days you explicitly marked. A blank day stays unknown.

HEADACHE DAYS

Marked H

HEADACHE-FREE DAYS

Marked HF

UNKNOWN DAYS

Left blank

CHANGES FROM MY USUAL PATTERN

Frequency, timing, symptoms, function, or anything else that changed

QUESTIONS I WANT TO ASK

WHAT I PLAN TO BRING

Medicine list, records, app export, or other notes

These counts describe this diary only. They do not identify a headache type or cause.