HEADACHE DIARY

This is a downloadable printable PDF discussed in the book
A New Approach to Headache and Migraine
by Pablo Tymoszuk

The benefits of keeping a diary far outweigh the time and effort required. A diary is a crucial step to getting a clear and accurate understanding of what's happening with your headaches and gaining control over them, and it's an invaluable resource for the medical professionals you choose to work with.

Keeping a diary can feel like an overwhelming task. It takes time and effort and it forces you to think about pain and other unpleasant symptoms, probably when you feel least like doing it. However, it is worth persisting.

The diary can be used to record information about when you get a headache, how long it lasts, what medications you take, as well as other information about potential triggers and early warning signs.

Once the information has been recorded for a number of headaches you will be able to review and analyse your data and identify any recurring triggers or patterns. You may then be able to minimise or avoid such triggers.

A diary can also help you identify possible early warning signs and the strategies that were most effective in preventing a headache.

Started early enough, therapies such as self-treatment of muscular trigger points or relaxation can prevent your headache from developing, or at the very least, reduce its severity.

Motivation is one of the big benefits of a diary. Treating your headaches successfully without drugs can take some time. Manual therapy should deliver some improvement in your headaches after one or two treatments, but most of the methods of headache prevention discussed in the book are likely to show more gradual improvements. For example, relaxation techniques take time to learn and changes in diet and sleep patterns tend to take a while to show an effect.

A diary helps remind you of the improvements you've made. Signs that your headaches are improving include less frequent severe pain, pain not lasting as long, more headache-free days, a generally lower pain rating and a decrease in the use of headache medications. These are indicators that are easy to miss if you're not keeping a diary. All of this can help you stay the course, not get discouraged and remember you are engaged in a long-term solution.

As the headache diary records 8 headaches, it will take some to complete. In the meantime, it may be beneficial to complete the Headache History Summary sheet, which gives you a current snapshot of information. The Summary sheet is useful to show your medical professional.

A Couple of Notes before You Start

Pain Levels

Pain intensity is one of the most important variables you will be recording in your headache diary. There are lots of different ways to represent pain – with words, numbers or even pictures of happy and unhappy faces.

The scale I have chosen is:

- No pain (0)
- Mild to moderate (x–xx)
- Moderate to severe (xx–xxx)
- Very severe (xxxx)

No pain (0) corresponds to a migraine aura without a headache.

Mild pain means you are able to go about your normal activities at work or at home with little impairment. You're able to put the pain out of your mind.

Moderate pain is intrusive. It doesn't prevent your normal activities, but it makes them more difficult. For example, you don't have to miss work, but your job performance will probably be affected and you are likely to put off certain tasks until the pain abates.

Severe pain means you can't continue with your normal activities. You miss work, social engagements, or school.

Very severe pain means your function is reduced and often you are in bed or immobilised.

Main Triggers

Triggers, as we've discussed, can be tricky to identify. The following shortened list of potential headache triggers is intended to help you be aware of the most common potential triggers for both migraine and tension headache sufferers:

- Musculoskeletal triggers
- Emotional stress
- Sustained muscular tension
- Changes in levels of female hormones
- Medications – these include painkillers and migraine abortive medications which if used too frequently can lead to rebound headaches and medications for other conditions
- Dehydration
- Caffeine, both excessive use and sudden reduction
- Changes to eating patterns, such as delayed or missed meals, eating smaller meals than usual or having sugary snacks and drinks instead of meals or between meals
- Fatigue
- Changes to sleep patterns, including late nights and sleeping in
- Weather and weather changes
- Exposure to light, odours, noise, motion (especially for migraine with aura)
- Excessive exercise or its opposite, lack of movement
- Alcoholic beverages.

Early Warning Signs

Early warning signs are most obvious for migraine. Even so, they may not last long and can be easily missed, which is why it is helpful to record them. You are then able to review them later. For a symptom to be useful as an early warning sign, or a prodromal symptom, at least half of your headaches should be preceded by that difference, the headache attack should occur within 24 hours of noticing the difference and the difference should not occur very often at other times.

Some common early warning signs include:

- Neck stiffness
- Incessant yawning
- Fatigue
- Mood swings from elation to depression
- Irritability and restlessness
- Slowed thinking, difficulty concentrating and memory problems
- Intense food cravings (especially for sweets and chocolate)
- Increased urination
- Signs of fluid retention, e.g. rings get tighter on fingers, swollen ankles
- Constipation
- Diarrhoea
- Cold hands and feet
- Extreme sensitivity to light or sounds
- Disturbances to your vision, such as seeing zig zag lines
- Pins and needles
- Numbness
- Speech difficulties
- Aura.

Overview of the Headache Sheets

It can be hard enough to concentrate on writing anything during or after a headache attack, let alone deciding on what to write or thinking about what it means.

The pre-formatted question and answer sheets are intended to make the process as easy as possible, while still gathering vital information. The diary sheets guide you on what to record, with very short answers required, usually just a yes or no. After you've recorded information about your headaches, there are sheets to guide you through interpreting your information.

There are:

- **Data sheets**, to record symptoms and triggers for at least 8 headaches. You need to fill in these sheets as soon as you feel able to after the pain and other symptoms have eased off so you can record as many details as accurately as possible
- **Summary sheets**, so that after you've recorded all 8 headaches, you can see any patterns in those headaches
- **Interpretation sheets**, to help you better understand the effectiveness of treatments, the impact of early warning signs, and possible triggers
- **Success sheets**, to be used 2-3 months later for highlighting improvements to your headaches.

Questions throughout this diary are numbered sequentially Q1, Q2, to Q54.

The Headache Recording Process

1. Summarise your Headache History so far

Early in your headache journey it is recommended that you visit to a Medical Professional to rule out any serious conditions that might be causing your headaches.

Initially fill out the Headache History Summary table on the next page and get it ready to show the Doctor.

Then while you are waiting for an appointment, you can follow the next steps to start your headache diary.

2. Record 8 Headaches in Full Detail

You should record information for at least eight headache attacks.

There can be considerable variation between separate headache attacks, especially in symptoms such as the severity of the pain and its location. Some attacks may be milder than others as some may have more severe symptoms.

Once you've started the recording process, it's important to include all headache attacks that occur, even if they are only minor, until you have accumulated enough information.

3. Analyse your Results

After you have recorded 8 headaches, summarise your results into Summary Table 1 (page 27).

Then go through questions Q43 onwards to:

- Work out your headache pattern
- See the effects of your non-drug treatments
- Find your headache early warning signs
- Find your headache triggers.

4. Choose Strategies

Use the above answers to help you choose strategies for treating your headaches. See Interpretation Table 2 (page 30) for potential actions.

5. Later, Measure your Success

I suggest repeating the process of recording, summarising and analysing your headache symptoms after a gap of two to three months. This should be enough time for any methods of headache prevention you have been using to start showing an effect.

You will need to record a further 8 headaches, but in much less detail, using Success Table 1 (page 34).

Then in Success Table 2 (page 35) summarise your Before and After results, and see the improvements you have made.

Headache History Summary (for a Visit to a Medical Professional)

Questions about Your Headaches	Answers – Your Best Guess
Is this a new headache?	
Is this an unfamiliar headache (one which feels different in some way)?	
When did your headaches first start?	
How often do you get headaches each month?	
For females: Are they connected to hormones (natural or medications)?	
Do all your headaches follow the same pattern or are some different?	
What time of day do they start?	
How long do they last?	
How bad is the pain at its worst?	
Can you continue your normal activities?	
Describe the pain, e.g. aching, pressing, throbbing	
Where is the pain located?	
Other symptoms, e.g. nausea, sensitivity to light or noise, a runny nose?	
Are there any early warning signs?	
Do you have any visual symptoms (aura)?	
What factors bring on your headaches?	
What makes the pain worse?	
What relieves the pain?	
How many days each week do you take headache medications?	
What headache medications do you take?	
Have you increased your dose recently?	
Do your headaches seem to be occurring more often than they used to?	
Have your headaches changed in any way recently?	
Family history of headaches?	
Any falls, accidents or injuries?	

Sample Data Sheet – Symptoms – First Four Headaches

SAMPLE

Early Warning Signs, Symptoms and Treatments. Questions Q1 to Q16

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q1:	When did the headache **start**?				
	Date	21 June	15 July	24 July	10 August
	Day of week	Fri	Mon	Wed	Sat
	Time (to nearest hour)	5 pm	9 am	1 pm	10 am
Q2:	Time when the headache **ended**? (Was it the same day?)	3 pm Sat	10 pm	11 am Fri	6 pm
Q3:	How many hours did the headache last? (From Q1 and Q2)	22 hrs	13 hrs	about 2 days!	8 hrs
Q4:	Did you notice any **early warning signs** (up to 24 hrs before)?	☑	☐	☑	☑
	Neck stiffness — *2 x yes*	☑	☐	☑	☐
	Incessant yawning	☐	☐	☐	☐
	Fatigue	☐	☐	☐	☐
	Mood swings from elation to depression	☐	☐	☐	☐
	Irritability and restlessness	☐	☐	☐	☐
	Slowed thinking, difficulty concentrating and memory problems	☐	☐	☐	☐
	Intense food cravings (especially for sweets and chocolate)	☐	☐	☐	☐
	Increased urination — *2 x yes*	☑	☐	☑	☐
	Signs of fluid retention (rings tight, ankles swelling)	☐	☐	☐	☐
	Constipation	☐	☐	☐	☐
	Diarrhoea	☐	☐	☐	☐
	Cold hands and feet — *3 x yes*	☑	☐	☑	☑
	Extreme sensitivity to light or sounds	☐	☐	☐	☐
	Other (a difference from normal)				

Data Sheets – Symptoms – First Four Headaches

Early Warning Signs, Symptoms and Treatments. Questions Q1 to Q16

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q1:	When did the headache **start**?				
	Date				
	Day of week				
	Time (to nearest hour)				
Q2:	Time when the headache **ended**? (Was it the same day?)				
Q3:	How many hours did the headache last? (From Q1 and Q2)				
Q4:	Did you notice any **early warning signs** (up to 24 hrs before)?	☐	☐	☐	☐
	Neck stiffness	☐	☐	☐	☐
	Incessant yawning	☐	☐	☐	☐
	Fatigue	☐	☐	☐	☐
	Mood swings from elation to depression	☐	☐	☐	☐
	Irritability and restlessness	☐	☐	☐	☐
	Slowed thinking, difficulty concentrating and memory problems	☐	☐	☐	☐
	Intense food cravings (especially for sweets and chocolate)	☐	☐	☐	☐
	Increased urination	☐	☐	☐	☐
	Signs of fluid retention (rings tight, ankles swelling)	☐	☐	☐	☐
	Constipation	☐	☐	☐	☐
	Diarrhoea	☐	☐	☐	☐
	Cold hands and feet	☐	☐	☐	☐
	Extreme sensitivity to light or sounds	☐	☐	☐	☐
	Aura (see Q5)				
	Other (a difference from normal)				

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q5:	Just before the headache started were there any signs of an **aura**?	☐	☐	☐	☐
	Strange problems with your vision?	☐	☐	☐	☐
	Pins and needles?	☐	☐	☐	☐
	Numbness?	☐	☐	☐	☐
	Speech difficulties?	☐	☐	☐	☐
Q6:	How long did the **pain** take to reach its most severe level?				
Q7:	How bad was the **pain** at its worst? Rate it as o (no pain, aura), X (mild), XX (moderate), XXX (severe), XXXX (very severe)				
Q8:	Describe the nature of the **pain**, e.g. dull, aching, pressing, tightening, sharp, piercing, throbbing, pulsating, burning?				
Q9:	In which of the following **areas** did you feel **pain**?				
	Across the forehead	☐	☐	☐	☐
	Behind the right eye	☐	☐	☐	☐
	Behind the left eye	☐	☐	☐	☐
	On the left side of the head (in the temple area near the ear)	☐	☐	☐	☐
	On the right side of the head (in the temple area near the ear)	☐	☐	☐	☐
	On both sides of the head (in the temple area near the ears)	☐	☐	☐	☐
	At the back of the head	☐	☐	☐	☐
	On top of the head	☐	☐	☐	☐
	At the back of the neck just below the base of the skull	☐	☐	☐	☐
Q10:	Was the pain on **only on one side** of the head for at least **PART** of the attack or **always** on **both sides** of the head? (See Q9)	one / both	one / both	one / both	one / both
Q11:	Was the pain made worse by **movement**, e.g. walking, bending?	☐	☐	☐	☐
Q12:	Were you able to carry on with your **routine activities**?	☐	☐	☐	☐

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q13:	Did you have any of the following **additional symptoms**?				
	Nausea				
	Vomiting				
	Neck pain				
	Increased sensitivity to odours				
	Increased sensitivity to light				
	Increased sensitivity to sounds				
	A stuffy nose				
	Watering eyes				
	Other				
Q14:	What **non-drug** methods of headache **treatment** did you use? Were they **effective**? Note whether they reduced your **pain level.**				
	Professional massage				
	Professional trigger point treatment				
	Self-massage				
	Self trigger point treatment				
	Drinking water (plus oral rehydration product)				
	Stretching				
	Heat therapy				
	Cold therapy				
	Artery pressure				
	Going for a short easy walk				
	Relaxation				
	Slow diaphragmatic breathing				
	Lying down in the dark				
	Bio-feedback				
	Cognitive behavioural therapy				
	Other				

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q15	Was the pain lessened by **resting**?	☐	☐	☐	☐
Q16:	Did you take any **headache medications?** If so, list them	☐	☐	☐	☐
	Medication 1:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Total dose				
	Was it effective? Note whether it reduced your **pain level**	☐	☐	☐	☐
	Medication 2:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Total dose				
	Was it effective? Note whether it reduced your **pain level**	☐	☐	☐	☐
ANY OTHER GENERAL COMMENTS?					
Note: Now fill out the headache trigger sheets which follow					

Data Sheets – Triggers – First Four Headaches

Exposure to Potential Headache Triggers. Questions Q17 to Q41

Question		Headache 1	Headache 2	Headache 3	Headache 4
Musculoskeletal Triggers. Questions Q17 to Q20 **From your answers note whether musculoskeletal triggers were important**		☐	☐	☐	☐
Q17:	**Where** were you when the headache started & a few hours before?				
	In bed asleep	☐	☐	☐	☐
	At home	☐	☐	☐	☐
	At work	☐	☐	☐	☐
	Elsewhere, e.g. cinema, note any useful information				
	What were you **doing** up to and before the headache started?				
	Using a computer or laptop	☐	☐	☐	☐
	Reading	☐	☐	☐	☐
	Watching TV	☐	☐	☐	☐
	Driving	☐	☐	☐	☐
	Other, e.g. cleaning				
	Other				
Q18:	If you were **asleep** what is your usual sleeping position?				
	Check your pillow height – is your neck kinked?	☐	☐	☐	☐
	Do your jaw muscles feel tired or sore when you wake up?	☐	☐	☐	☐
Q19:	If you were awake and **sitting** down what sort of seat did you use?				
	What was your head & neck **posture** like – good, average, poor?				
Q20	If sitting, how long would you spend on average before getting up?				

Question		Headache 1	Headache 2	Headache 3	Headache 4
Emotional Stress and Muscle Tension. Questions Q21 to Q24 From your answers note whether these common triggers were important		☐	☐	☐	☐
Q21:	Rate your **levels** of (1) emotional stress & (2) muscle tension before the headache started as low, average or high (compared to usual)	(1) (2)	(1) (2)	(1) (2)	(1) (2)
Q22:	List any recent major life **changes**, e.g. job loss, promotion, starting a new relationship, health problems, financial problems, etc.				
Q23:	List any stressful **events** or situations on the day of the headache and **up to 3 days before**				
Q24:	List any negative **feelings** before the headache started e.g. anger, frustration, fear				
Changing Levels of Female Hormones if relevant From your answers are your headaches associated with hormonal cycles?		☐	☐	☐	☐
Q25	Note what day your headache began in terms of:				
	Day of menstrual cycle (the start of bleeding is day 1) OR				
	Day of hormonal contraceptive cycle (read from packet) OR				
	Day of hormone replacement therapy cycle (read from packet)				

P.T.O.

Question		Headache 1	Headache 2	Headache 3	Headache 4
Drinks and Food. Questions Q26 to Q29					
Q26:	Were you **dehydrated**? Think about your fluid intake, the volume of urine compared with normal and note its colour (see a urine colour chart)	☐	☐	☐	☐
Q27:	Did your total **caffeine** intake differ from normal before the headache began? If yes, note any relevant details such as fewer cups of coffee, delayed regular coffee time, extra coffee, etc.	☐	☐	☐	☐
Q28:	Did you skip a **meal** before the attack?	☐	☐	☐	☐
	Eat later than normal?	☐	☐	☐	☐
	Eat a smaller meal than usual, e.g. dieting?	☐	☐	☐	☐
	Have sugary snacks or drinks between or instead of meals?	☐	☐	☐	☐
Q29:	Did you have any **alcoholic beverages** in the 24 hours before the headache began? If yes, note what types and how much you drank. Any comments or more details?	☐	☐	☐	☐
Fatigue and Sleep. Questions Q30 to Q32					
Q30:	Were you feeling **tired** before the headache began?	☐	☐	☐	☐
Q31:	Was your **sleep pattern** before the attack different than normal?	☐	☐	☐	☐
	Late night	☐	☐	☐	☐
	Early morning	☐	☐	☐	☐
	Slept in	☐	☐	☐	☐
Q32:	Was the amount or quality of your **sleep** different than normal?	☐	☐	☐	☐
	How much sleep did you get the night before the attack?				
	How soundly did you sleep?				

Question		Headache 1	Headache 2	Headache 3	Headache 4
Environmental Triggers. Questions Q33 to Q37					
Q33:	What was the **weather** like on the day before the headache began?				
	Hot	☐	☐	☐	☐
	Humid	☐	☐	☐	☐
	Low barometric pressure (bad weather on the way)	☐	☐	☐	☐
	Change in temperature	☐	☐	☐	☐
	Change in barometric pressure (especially a drop – storm front)	☐	☐	☐	☐
	Windy	☐	☐	☐	☐
	Cold	☐	☐	☐	☐
	Dry air (low humidity)	☐	☐	☐	☐
	Dusty	☐	☐	☐	☐
	Other	☐	☐	☐	☐
Q34:	Were you exposed to any intense **visual** stimuli before the attack?	☐	☐	☐	☐
	Glare from the sun	☐	☐	☐	☐
	Reflected light from water or snow	☐	☐	☐	☐
	Bright, flashing or flickering lights, e.g. fluorescents, strobe lights	☐	☐	☐	☐
	Bright, flashing or flickering screens, e.g. computer monitors, TVs	☐	☐	☐	☐
	Flickering candles or other flames	☐	☐	☐	☐
	Other				

P.T.O.

Question		Headache 1	Headache 2	Headache 3	Headache 4
Q35:	Were you exposed to intense **odours** or smoke before the attack?	☐	☐	☐	☐
	Perfumes and colognes	☐	☐	☐	☐
	Unpleasant odours	☐	☐	☐	☐
	Cigarette smoke	☐	☐	☐	☐
	Chemical solvent odours	☐	☐	☐	☐
	Traffic fumes	☐	☐	☐	☐
	Air pollution and smog	☐	☐	☐	☐
	Other				
Q36:	Were you exposed to **noisy** environments before the attack? Any comments?	☐	☐	☐	☐
Q37:	Did **motion** during car/boat/plane travel bother you? If so, note which type of motion.	☐	☐	☐	☐

P.T.O.

Question		Headache 1	Headache 2	Headache 3	Headache 4
Miscellaneous Triggers. Questions Q38 to Q41					
Q38:	Did you **exercise** on the day before your headache started? Rate it as easy, medium or hard	☐	☐	☐	☐
Q39:	Did you take any **other medications** (not usual ones)? If so, list	☐	☐	☐	☐
	Medication 1:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Medication 2:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
Q40:	Thinking about your activities before the headache began can you think of any other likely triggers?				
Q41:	**Other triggers**? (Your choices based on observation of patterns)				
Any Other General Comments?					

Note: Cigarettes and commonly used illicit drugs like cocaine, amphetamines, ecstasy and cannabis are all potent headache triggers, particularly for migraine sufferers.

Once you have information for 8 headaches, use sheets in the diary from page 27 onwards to help you summarise and interpret them.

Data Sheets – Symptoms – Second Four Headaches

Early Warning Signs, Symptoms and Treatments. Questions Q1 to Q16

Question		Headache 5	Headache 6	Headache 7	Headache 8
Q1:	When did the headache **start**?				
	Date				
	Day of week				
	Time (to nearest hour)				
Q2:	Time when the headache **ended**? (Was it the same day?)				
Q3:	How many hours did the headache last? (From Q1 and Q2)				
Q4:	Did you notice any **early warning signs** (up to 24 hrs before)?	☐	☐	☐	☐
	Neck stiffness	☐	☐	☐	☐
	Incessant yawning	☐	☐	☐	☐
	Fatigue	☐	☐	☐	☐
	Mood swings from elation to depression	☐	☐	☐	☐
	Irritability and restlessness	☐	☐	☐	☐
	Slowed thinking, difficulty concentrating and memory problems	☐	☐	☐	☐
	Intense food cravings (especially for sweets and chocolate)	☐	☐	☐	☐
	Increased urination	☐	☐	☐	☐
	Signs of fluid retention (rings tight, ankles swelling)	☐	☐	☐	☐
	Constipation	☐	☐	☐	☐
	Diarrhoea	☐	☐	☐	☐
	Cold hands and feet	☐	☐	☐	☐
	Extreme sensitivity to light or sounds	☐	☐	☐	☐
	Aura (see Q5)				
	Other (a difference from normal)				

Question		Headache 5	Headache 6	Headache 7	Headache 8
Q5:	Just before the headache started were there any signs of an **aura**?	☐	☐	☐	☐
	Strange problems with your vision?	☐	☐	☐	☐
	Pins and needles?	☐	☐	☐	☐
	Numbness?	☐	☐	☐	☐
	Speech difficulties?	☐	☐	☐	☐
Q6:	How long did the **pain** take to reach its most severe level?				
Q7:	How bad was the **pain** at its worst? Rate it as 0 (no pain, aura), X (mild), XX (moderate), XXX (severe), XXXX (very severe)				
Q8:	Describe the nature of the **pain**, e.g. dull, aching, pressing, tightening, sharp, piercing, throbbing, pulsating, burning?				
Q9:	In which of the following **areas** did you feel **pain**?				
	Across the forehead	☐	☐	☐	☐
	Behind the right eye	☐	☐	☐	☐
	Behind the left eye	☐	☐	☐	☐
	On the left side of the head (in the temple area near the ear)	☐	☐	☐	☐
	On the right side of the head (in the temple area near the ear)	☐	☐	☐	☐
	On both sides of the head (in the temple area near the ears)	☐	☐	☐	☐
	At the back of the head	☐	☐	☐	☐
	On top of the head	☐	☐	☐	☐
	At the back of the neck just below the base of the skull	☐	☐	☐	☐
Q10:	Was the pain on **only on one side** of the head for at least **PART** of the attack or **always** on **both sides** of the head? (See Q9)	one / both	one / both	one / both	one / both
Q11:	Was the pain made worse by **movement**, e.g. walking, bending?	☐	☐	☐	☐
Q12:	Were you able to carry on with your **routine activities**?	☐	☐	☐	☐

Question		Headache 5	Headache 6	Headache 7	Headache 8
Q13:	Did you have any of the following **additional symptoms**?				
	Nausea				
	Vomiting				
	Neck pain				
	Increased sensitivity to odours				
	Increased sensitivity to light				
	Increased sensitivity to sounds				
	A stuffy nose				
	Watering eyes				
	Other				
Q14:	What **non-drug** methods of headache **treatment** did you use? Were they **effective**? Note whether they reduced your **pain level.**				
	Professional massage				
	Professional trigger point treatment				
	Self-massage				
	Self trigger point treatment				
	Drinking water (plus oral rehydration product)				
	Stretching				
	Heat therapy				
	Cold therapy				
	Artery pressure				
	Going for a short easy walk				
	Relaxation				
	Slow diaphragmatic breathing				
	Lying down in the dark				
	Bio-feedback				
	Cognitive behavioural therapy				
	Other				

Question		Headache 5	Headache 6	Headache 7	Headache 8
Q15	Was the pain lessened by **resting**?	☐	☐	☐	☐
Q16:	Did you take any **headache medications?** If so, list them	☐	☐	☐	☐
	Medication 1:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Total dose				
	Was it effective? Note whether it reduced your **pain level**	☐	☐	☐	☐
	Medication 2:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Total dose				
	Was it effective? Note whether it reduced your **pain level**	☐	☐	☐	☐
ANY OTHER GENERAL COMMENTS?					
Note: Now fill out the headache trigger sheets which follow					

Data Sheets – Triggers – Second Four Headaches

Exposure to Potential Headache Triggers. Questions Q17 to Q41

Question		Headache 5	Headache 6	Headache 7	Headache 8
Musculoskeletal Triggers. Questions Q17 to Q20 **From your answers note whether musculoskeletal triggers were important**		☐	☐	☐	☐
Q17:	**Where** were you when the headache started & a few hours before?				
	In bed asleep	☐	☐	☐	☐
	At home	☐	☐	☐	☐
	At work	☐	☐	☐	☐
	Elsewhere, e.g. cinema, note any useful information				
	What were you **doing** up to and before the headache started?				
	Using a computer or laptop	☐	☐	☐	☐
	Reading	☐	☐	☐	☐
	Watching TV	☐	☐	☐	☐
	Driving	☐	☐	☐	☐
	Other, e.g. cleaning				
	Other				
Q18:	If you were **asleep** what is your usual sleeping position?				
	Check your pillow height – is your neck kinked?	☐	☐	☐	☐
	Do your jaw muscles feel tired or sore when you wake up?	☐	☐	☐	☐
Q19:	If you were awake and **sitting** down what sort of seat did you use?				
	What was your head & neck **posture** like – good, average, poor?				
Q20	If sitting, how long would you spend on average before getting up?				

Question		Headache 5	Headache 6	Headache 7	Headache 8
Emotional Stress and Muscle Tension. Questions Q21 to Q24 From your answers note whether these common triggers were important		☐	☐	☐	☐
Q21:	Rate your **levels** of (1) emotional stress & (2) muscle tension before the headache started as low, average or high (compared to usual)	(1) (2)	(1) (2)	(1) (2)	(1) (2)
Q22:	List any recent major life **changes**, e.g. job loss, promotion, starting a new relationship, health problems, financial problems, etc.				
Q23:	List any stressful **events** or situations on the day of the headache and **up to 3 days before**				
Q24:	List any negative **feelings** before the headache started e.g. anger, frustration, fear				
Changing Levels of Female Hormones if relevant From your answers are your headaches associated with hormonal cycles?		☐	☐	☐	☐
Q25	Note what day your headache began in terms of:				
	Day of menstrual cycle (the start of bleeding is day 1) OR				
	Day of hormonal contraceptive cycle (read from packet) OR				
	Day of hormone replacement therapy cycle (read from packet)				

P.T.O.

Question		Headache 5	Headache 6	Headache 7	Headache 8
Drinks and Food. Questions Q26 to Q29					
Q26:	Were you **dehydrated**? Think about your fluid intake, the volume of urine compared with normal and note its colour (see a urine colour chart)	☐	☐	☐	☐
Q27:	Did your total **caffeine** intake differ from normal before the headache began? If yes, note any relevant details such as fewer cups of coffee, delayed regular coffee time, extra coffee, etc.	☐	☐	☐	☐
Q28:	Did you skip a **meal** before the attack?	☐	☐	☐	☐
	Eat later than normal?	☐	☐	☐	☐
	Eat a smaller meal than usual, e.g. dieting?	☐	☐	☐	☐
	Have sugary snacks or drinks between or instead of meals?	☐	☐	☐	☐
Q29:	Did you have any **alcoholic beverages** in the 24 hours before the headache began? If yes, note what types and how much you drank. Any comments or more details?	☐	☐	☐	☐
Fatigue and Sleep. Questions Q30 to Q32					
Q30:	Were you feeling **tired** before the headache began?	☐	☐	☐	☐
Q31:	Was your **sleep pattern** before the attack different than normal?	☐	☐	☐	☐
	Late night	☐	☐	☐	☐
	Early morning	☐	☐	☐	☐
	Slept in	☐	☐	☐	☐
Q32:	Was the amount or quality of your **sleep** different than normal?	☐	☐	☐	☐
	How much sleep did you get the night before the attack?				
	How soundly did you sleep?				

Question		Headache 5	Headache 6	Headache 7	Headache 8
Environmental Triggers. Questions Q33 to Q37					
Q33:	What was the **weather** like on the day before the headache began?				
	Hot	☐	☐	☐	☐
	Humid	☐	☐	☐	☐
	Low barometric pressure (bad weather on the way)	☐	☐	☐	☐
	Change in temperature	☐	☐	☐	☐
	Change in barometric pressure (especially a drop – storm front)	☐	☐	☐	☐
	Windy	☐	☐	☐	☐
	Cold	☐	☐	☐	☐
	Dry air (low humidity)	☐	☐	☐	☐
	Dusty	☐	☐	☐	☐
	Other	☐	☐	☐	☐
Q34:	Were you exposed to any intense **visual** stimuli before the attack?	☐	☐	☐	☐
	Glare from the sun	☐	☐	☐	☐
	Reflected light from water or snow	☐	☐	☐	☐
	Bright, flashing or flickering lights, e.g. fluorescents, strobe lights	☐	☐	☐	☐
	Bright, flashing or flickering screens, e.g. computer monitors, TVs	☐	☐	☐	☐
	Flickering candles or other flames	☐	☐	☐	☐
	Other				

P.T.O.

Question		Headache 5	Headache 6	Headache 7	Headache 8
Q35:	Were you exposed to intense **odours** or smoke before the attack?	☐	☐	☐	☐
	Perfumes and colognes	☐	☐	☐	☐
	Unpleasant odours	☐	☐	☐	☐
	Cigarette smoke	☐	☐	☐	☐
	Chemical solvent odours	☐	☐	☐	☐
	Traffic fumes	☐	☐	☐	☐
	Air pollution and smog	☐	☐	☐	☐
	Other				
Q36:	Were you exposed to **noisy** environments before the attack? Any comments?	☐	☐	☐	☐
Q37:	Did **motion** during car/boat/plane travel bother you? If so, note which type of motion.	☐	☐	☐	☐

P.T.O.

Question		Headache 5	Headache 6	Headache 7	Headache 8
Miscellaneous Triggers. Questions Q38 to Q41					
Q38:	Did you **exercise** on the day before your headache started? Rate it as easy, medium or hard	☐	☐	☐	☐
Q39:	Did you take any **other medications** (not usual ones)? If so, list	☐	☐	☐	☐
	Medication 1:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
	Medication 2:				
	Name				
	Dose of each tablet on packet				
	How many tablets you took				
Q40:	Thinking about your activities before the headache began can you think of any other likely triggers?				
Q41:	**Other triggers**? (Your choices based on observation of patterns)				
Any Other General Comments?					

Note: Cigarettes and commonly used illicit drugs like cocaine, amphetamines, ecstasy and cannabis are all potent headache triggers, particularly for migraine sufferers.

Once you have information for 8 headaches, use sheets in the diary from page 27 onwards to help you summarise and interpret them.

Summary Sheet – Eight Headaches

Summary Table 1: Summary of Characteristics of Eight Headaches

Express the **duration** as a range, e.g. 30 min – 10 hours and the **pain intensity** as a range, e.g. xx – xxx (i.e. moderate to severe).

Feature	Headache Number							
	1	2	3	4	5	6	7	8
Date of headache attack (Q1)								
Duration (Q3)								
Aura (Q5)	☐	☐	☐	☐	☐	☐	☐	☐
Onset (Q6)								
Pain intensity (Q7)								
Pain character (Q8)								
Pain on one / both sides (Q10)	one / both	one / both	one / both	one / both	one / both	one / both	one / both	one / both
Aggravated by movement (Q11)	☐	☐	☐	☐	☐	☐	☐	☐
Normal activities possible (Q12)	☐	☐	☐	☐	☐	☐	☐	☐
Nausea (Q13)	☐	☐	☐	☐	☐	☐	☐	☐
Vomiting (Q13)	☐	☐	☐	☐	☐	☐	☐	☐
Sensitivity to light (Q13)	☐	☐	☐	☐	☐	☐	☐	☐
Sensitivity to noise (Q13)	☐	☐	☐	☐	☐	☐	☐	☐
Sinus (eye / nose) (Q13)	☐	☐	☐	☐	☐	☐	☐	☐
Headache medication taken (Q16)	☐	☐	☐	☐	☐	☐	☐	☐

Interpretation Sheets – Comparison of Your Headache Symptoms
with Tension, Migraine and Rebound Headache Symptoms

Q42 Using Summary Table 1 (page 27), fill out Interpretation Table 1 below to show up any patterns similar to the three most common headaches.
Express the **duration** as a range, e.g. 30 min – 10 hours and the **pain intensity** as a range, e.g. xx – xxx (i.e. moderate to severe).
Note that if you suffer from two types of headaches and one of these is present every day, or almost every day, you could have a **rebound headache** on which a primary headache is superimposed. A rebound headache feels like a tension headache, but it is often at its worst when you wake up.
If your headaches don't fit any of the T, M or R patterns, then you may have different less common headache types. Refer to Chapter 9 in the book.

Interpretation Table 1 – Comparison of your Headache Symptoms

***** = episodic type, i.e. frequency less than 15 days per month

Feature	8 Headaches – T, M and/or R like Symptoms								T = Tension*	M = Migraine*	R = Rebound
	1	2	3	4	5	6	7	8			
Duration									30 min–7 days	4 hours–3 days	Remains until a painkiller is used
Aura									no	sometimes	no
Onset									gradual	gradual	gradual
Pain intensity									mild/moderate	moderate/severe	mild/moderate
Pain character									ache/pressure	throbbing	penetrating
Pain on one / both sides									both (mostly)	one (mostly)	Both
Aggravated by movement									no	yes	no
Normal activities possible									yes	no (rest needed)	yes
Nausea									no	yes	no
Vomiting									no	yes	no
Sensitivity to light									sometimes	yes	no
Sensitivity to noise									sometimes	yes	no
Sinus (eye / nose)									no	sometimes	no

Interpretation Sheets – Working Out Your Headache Pattern

Q43: From Summary Table 1 (page 27), what is the **frequency** of your headache attacks? How many times do you have a headache in a week, a month or a year?

Note down the number for whichever time period seems the most appropriate. _____

Q44: If you are taking headache medication more often than twice a week on a regular basis you may have, or are likely to get, a rebound headache.

From Summary Table 1 (page 27), how many days per week are you taking headache medication? _____

Q45: From your headache pattern in Interpretation Table 1 (page 28) and your answer to Q44 could you possibly have a **rebound headache**? yes / no

If the answer is yes you should consult your doctor. You will need to gradually reduce your headache medication use under medical supervision.
At the same time, you can seek manual therapy treatment for the pain.

Until you have got the medication out of your system and stopped having rebound headaches there is no point in continuing to monitor your headaches – the results will be misleading.

Interpretation Sheets – Non-Drug Headache Treatments

Q46: To be sure which acute non-drug headache treatments were effective, you will need to go back to your original answers to Q14.
Line up the pair of answer sheets.
For each type of treatment count the total number of times out of the 8 headaches you answered yes – the treatment reduced pain – and enter that number in the table below. If it helped more than half the time it is worth trying again for treating future headaches.

Interpretation Table 2 – Non-drug headache Treatments

Non-Drug Treatment for Headache	Total yes	Comments
Professional massage		
Professional trigger point treatment		
Self-massage		
Self trigger point treatment		
Drinking water (plus oral rehydration product)		
Stretching		
Heat therapy		
Cold therapy		
Artery pressure		
Going for a short easy walk		
Relaxation		
Slow diaphragmatic breathing		
Lying down in the dark		
Bio-feedback		
Cognitive behavioural therapy		
Other		

Q47: Which non-drug headache treatments are useful for you?

Interpretation Sheets – Headache Early Warning Signs

Q48: Were you able to recognise any early warning signs? Go back to your original answers to Q4. Line up the pair of answer sheets.
For each listed early warning sign count the total number of times out of the 8 headaches you answered yes – the warning sign was noticed before a headache – and enter that number in the table below.
Only one or two signs are likely to act as a headache predictor for you. If a potential warning sign is present before 4 or more out of the 8 headaches, then it is likely to be a useful headache warning sign for you, provided it is not something you normally experience at other times. If the answer is 2 or 3 it is not possible to tell – more information is needed.

Interpretation Table 3 – Headache Early Warning Signs

Headache Early Warning Signs (up to 24 hrs before)	**Total yes**	**Comments**
Neck stiffness		
Incessant yawning		
Fatigue		
Mood swings from elation to depression		
Irritability and restlessness		
Slowed thinking, difficulty concentrating and memory problems		
Intense food cravings (especially for sweets and chocolate)		
Increased urination		
Signs of fluid retention (rings tight, ankles swelling)		
Constipation		
Diarrhoea		
Cold hands and feet		
Extreme sensitivity to light or sounds		
Aura		
Other (a difference from normal)		

Q49: Which headache early warning signs are useful predictors for you?

Once you know your Early Warning signs, you may be able to take early action to reduce the effects of your headaches.

Interpretation Sheets – Headache Triggers

Q50: Were you able to recognise any headache triggers? Go back to your original answers to Q17 – Q41.
Line up the pair of answer sheets. For each listed possible trigger count the total number of times out of the 8 headaches you answered yes – you were exposed to that trigger before the headache developed – and enter that number in the table below.
Note: A yes against any one of the range of questions in the trigger categories marked with a * counts as 1.

Q51: Only a small number of triggers are likely to be important for you. If you have 4 or more answers of yes for a trigger out of the 8 headaches, then it is likely to be a trigger for you. With an answer of 2 or 3 it is not possible to say with any confidence – more information is needed.

Interpretation Table 4 – Some Headache Triggers

Headache Triggers (up to 24 hrs before)	**Total yes**	**Comments**
*Musculoskeletal triggers (Q17–Q20)		
*High emotional stress and/or muscle tension (Q21-Q24)		
Changes in levels of female hormones (Q25)		
Dehydration (Q26)		
Caffeine, excessive use and sudden reduction (Q27)		
Changes to eating patterns (Q28)		
Alcoholic beverages (Q29)		
Fatigue (Q30)		
*Changes to sleep patterns (Q31-Q32)		
Weather and/or weather changes (Q33)		
*Exposure to light, odours, noise, motion (Q34-Q37)		
Strenuous exercise (Q38)		
Non-headache medications (Q39)		
Other (Q40)		
Extras from past observations (Q41)		
* A yes against any one of the range of questions in the trigger categories marked with a * counts as 1.		

Q52: Which headache triggers are important for you?_____

Q53 Review your detailed responses to questions about changes to sleep and sleep patterns (Q31 – Q32), weather and/or weather changes (Q33) and especially questions about intense sensory stimuli (Q34 – Q37) and include some **additional comments** in the table below.

For example, if intense sensory stimuli trigger your headaches, note which of light, odour, noise and motion are the culprits and some more details about them, such as what type of light.

Interpretation Table 5 – Additional Comments on some Headache Triggers

Trigger	Comments	Trigger	Comments

Now that you know more about your triggers, you may be able to minimise or avoid those triggers.

Success Sheets – Measure your Success
with Non-Drug Methods of Headache Prevention

Q54 To determine what improvements have occurred to your headaches as a result of treatments you have received and lifestyle changes you have made, after a gap of two to three months you will need to record information for about 8 more headaches.
Fortunately, this time only a small amount of information is required about your headache symptoms and how much they affected you.

Success Table 1 – Record the Characteristics of 8 Headaches After Changes Made

	Feature	Headache 1	Headache 2	Headache 3	Headache 4
Q1	Start date				
Q1	Start time				
Q2	End time				
Q3	Duration (hrs)				
Q5	Aura?				
Q7	Pain level (at worst)				
Q12	Routine activities possible?				
Q13	Nausea?				
Q13	Vomiting?				
Q16	Headache medication (amount)				

	Feature	Headache 5	Headache 6	Headache 7	Headache 8
Q1	Start date				
Q1	Start time				
Q2	End time				
Q3	Duration (hrs)				
Q5	Aura?				
Q7	Pain level (at worst)				
Q12	Routine activities possible?				
Q13	Nausea?				
Q13	Vomiting?				
Q16	Headache medication (amount)				

Success Table 2 – Changes you have seen

1. For "Before Changes", extract information from the indicated sections of your previous 8 headaches.
2. For "After Changes", extract the necessary information from Success Table 1 (page 34) with data about your 8 headaches after various changes were put in place.

Measures of Improvement	Before Changes	After Changes (Success Table 1, page 34)
Approximate dates from the recording sheets, e.g. Jun–Aug 2014	(Summary Table 1, page 27)	
Frequency – how many headache attacks do you have per week (or per month)?	(Q43)	
Duration – how long do your headaches last? (Quote a range if necessary)	(Interpretation Table 2) (page 31)	
What is your headache pain rating, e.g. x – xx?	(Interpretation Table 2) (page 31)	
How many days per week do you use headache medications?	(Q44)	
Work out how many headache-free days you have per week (or per month) approximately	(Summary Table 1) (page 27)	
How many **severe** (xxx) or very severe headaches do you have per week (or per month)?	(Summary Table 1) (page 27)	
How long do these severe headaches last? (Quote a range if necessary)	(Summary Table 1) (page 27)	
Any other measures, e.g. ability to function, amount of nausea?	(Interpretation Table 2) (page 30)	
Any comments?		
What improvements do you notice?		

End.