HLTHY [HEADACHE DIARY]

Name _____ Date of birth _____ Month / year _____

DAY	INTENSITY				DURATION			TYPE OF PAIN				ACCOMPANYING SYMPTOMS					ACT.	TRIGGER	MEDICATION				HOURS		!
	none	mild	moderate	severe	under 6 h	6–12 h	over 12 h	throbbing, pulsating	dull, pressing	one-sided	both sides	nausea	vomiting	visual disturbance / aura	sensitive to light	sensitive to noise	worse with activity	number (list)	letter, dose, time	good	little	none	unable to function	active despite pain	warning sign
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TRIGGERS (ENTER NUMBER)

1 stress, excitement · 2 relaxation after stress · 3 too little, too much or irregular sleep · 4 menstruation · 5 skipped meal · 6 too little fluid · 7 alcohol · 8 weather · 9 screen time · 0 other: _____

MY MEDICATION (LETTER)

A _____
B _____
C _____
D _____

HOW TO FILL IN

One line every evening, including days without headache. Tick what applies in each column. «Unable to function»: hours when work, school or housework was not possible. Warning signs (sudden, worst headache ever, paralysis, speech or visual disturbance, fever with stiff neck): call 144 immediately. Take painkillers on no more than 10 days per month. HLTHY Bern 031 859 93 93 · Zürich 044 552 55 20.