



NORTHSHORE INTEGRATIVE HEALTHCARE

Phone: 847-920-4NIH (4644)

www.northshoreintegrativehealthcare.com

Headache Diary

Name _____

Date/ Time of Day	How long did the pain last?	Where did you feel the pain? (Please indicate on diagrams.)	How did the pain feel? (Examples: throbbing, stabbing, dull, sharp)	What may have triggered your headache? (See list).	What did you try for relief?	How much did it help?

Common Headache Triggers

Many headaches are caused by outside factors, sometimes known as triggers. The following list contains some of the more common headache triggers. The list may help to increase awareness of issues in your life that could be contributing to your headaches. Please list anything that you suspect may be triggering or contributing to your headaches on your headache diary. Add more pages as needed.

Dietary

- Foods or beverages containing caffeine
- Chocolate
- Aged cheese
- Alcohol
- Hot dogs or bacon containing nitrites (a preservative)
- Foods containing monosodium glutamate (MSG), such as Chinese food
- Ice cream
- Skipping meals

Sleep

- Too much
- Too little
- Napping

Hormonal

- Menstruation
- Birth control pills

Emotional:

- Stress
- Anxiety

Environmental:

- Bright light
- Weather changes
- Strong odors

LOCATIONS

1800 Hollister Drive, Suite 206, Libertyville, IL 60048 * 455 S Roselle Road, Suite 104, Schaumburg, IL 60193
 233 East Erie, Suite 702, Chicago, IL 60611 * 2150 Pfingsten Road, Suite 2200, Glenview, IL 60026