

The Headache Series

by Dr. Martha Rich

HOW TO KEEP A HEADACHE DIARY

A headache diary can be an extremely useful tool in unravelling the multiple factors that could be contributing to your head pain. It is very unusual for an individual to experience only one kind of headache, and a mild tension headache can easily be exacerbated into a debilitating migraine because of food sensitivities, postural habits, sleep patterns, bite discrepancies, stress, and other factors. Taking the time to evaluate how your headaches might relate to your daily routine can be a revelation for many people. Sometimes, making the smallest changes in your habits can create profound relief – or even complete elimination – of regular headache pain.

The headache diary presented here covers aspects of all the topics discussed in *The Headache Series* and is designed to help you identify the potential lifestyle triggers that regularly cause your headache pain. By noting when you have a headache each day, and paying attention to all the things you did leading up to that headache, you can begin to discover trigger patterns that may exist related to posture, hydration, clenching and grinding habits, and more.

This headache diary is an excellent tool to use for self-discovery, but it can also be extremely useful when shared with a qualified healthcare provider. Food allergies, hormonal imbalances, sleep disorders, medication reactions, and bite issues can all trigger headaches and should be addressed with the help of an appropriate medical or dental specialist.

Daily Headache Diary Instructions

Here's how to start using the headache diary and understanding the information you've gathered:

1. Fill out the full Headache Diary form once a day for one to two weeks. If you suspect that your headaches are related to monthly hormonal cycles, you may want to extend this exercise through a full menstrual cycle.
2. Once you have gathered at least a week's worth of forms, look closely at the days when you had headaches and ask yourself the following questions:
 - Are there any noticeable patterns to your headaches?
(same time of day, only on workdays, always after a workout or sitting at a computer, etc.)
 - Do you eat or drink something similar, or are you skipping meals, on all the days you have headaches?
 - What is your sleep like the day before you get a headache?
 - Are you drinking enough water on the days you have headaches?

Once you begin to suspect a particular habit or condition might be a trigger for you, go back and re-read the HA Series article on that subject and see if there are any changes you might try to make in your routine that could help. For example, if you notice that you always have a headache at the end of your workday and that you did not take very many breaks from your computer, consider looking at the posture section to see if adjustments in

the way you sit might be helpful. Also, increase the number of times you get up and walk around when you are working at a desk for long hours. Consider setting a timer on your computer or phone to help remind you to do this at least once per hour.

If hormones, medications, bite issues, or a potential sleep disorder seem like a contributing factor, make an appointment with a qualified medical or dental provider who has experience treating these conditions, and bring your headache diary with you. Sometimes a doctor or dentist can see patterns or concerns that may not be readily apparent to you when presented with this kind of information. Discuss your suspicions about your potential triggers with your provider and show them the information you've gathered on the Headache Diary forms. Your provider may ask you to continue to track your headaches to gather even more information for treatment, or make a referral to an appropriate specialist for further evaluation.

NOTE: Do not attempt to alter prescription medication dosages, make drastic changes to your diet, treat hormone imbalances, or correct bite issues on your own. Always work with a qualified medical or dental provider if you suspect any of these areas might be a contributing factor to your headache pain.

Understanding how lifestyle factors contribute to chronic pain is a huge component of healing. Even if you have an underlying physical cause for your headaches, you are also likely experiencing exacerbations in pain intensity and frequency simply based on the habits of your everyday life. Pain is a message from your body that something needs to change. If you listen carefully and address what that pain might be telling you about your daily habits, actions, and choices, healing is almost always faster and longer-lasting.

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DAILY HEADACHE DIARY

Date: _____ Did you have a headache today? YES NO

If you did have a headache today, please answer the following questions:

Did you wake up with the headache? YES NO

If not, what time did it begin? _____ How long did it last? _____

What did you do to alleviate the pain? (*medication, self-massage, drink water, rest, etc.*)

Did any of your pain alleviations work? Which ones? How long did it take for them to ease your pain?

FOOD AND BEVERAGE DIARY

(Please list everything that you had to eat and drink today other than water. Please approximate what time you ate, and notate if you added any real or artificial sweeteners to your food or beverages)

BREAKFAST

Time:

LUNCH

Time:

DINNER

Time:

MORNING SNACK

Time:

AFTERNOON SNACK

Time:

EVENING SNACK

Time:

Did you drink water today? YES NO If yes, how much? _____

PHYSICAL SYMPTOMS AND ACTIVITY

Did you exercise today? YES NO If yes, what type and how long?

How many hours did you sit or stand in the same position today? _____

Did you take breaks during that time? YES NO If yes, how many? _____

Were you aware of clenching or grinding your teeth today or last night? YES NO

If yes, what were you doing at that moment?

Did your jaw, neck, shoulders, back, or ears ache at all today? YES NO

If yes, when did you notice the pain and what did you relate it to?

How many hours did you sleep last night? _____ From _____ am / pm to _____ am / pm

Did you feel well-rested when you woke up? YES NO

How many times did you wake up in the night and why (be specific)?

STRESS AND ANXIETY

Rate your stress level for the day on a scale of 1 to 10: _____

What external stress events occurred today? (*work meeting, fight with friend or spouse, bad traffic, tight deadline, etc.*)

What internal stress did you experience today? (*worry about a future or past event, general anxiety, etc.*)

MEDICATIONS, ALCOHOL, CIGARETTES, ETC.

Please list all the medications and substances you used today, including dosages and time of use. Remember, this diary is for your discovery. Be honest with yourself about how much of these substances you may be consuming and open to how some of them may be potentially contributing to your head pain.

MEDICATIONS
Prescription and Over-the-Counter

SUPPLEMENTS
Vitamins, Herbal Supplements, etc.

OTHER SUBSTANCES
Alcohol, Cigarettes, Recreational Drugs, etc.

Overall, was this a typical day for you? Yes No

If not, what was unusual about your day? *(Was it more relaxed or more stressful than usual?)*

FOR WOMEN ONLY

Are you menstruating today? Yes No

If you track your cycle, what day is it? _____ What is your average cycle length? _____