7-Day Headache & Migraine Diary

A short, repeatable record. Mark a headache-free day as clearly as an attack day.

CLARU

A practical record for care conversations

WEEK STARTING

NAME OR INITIALS

CLINICIAN / APPOINTMENT

Day / date	Headache?	Start / end	Severity	Symptoms	Medication / relief	Possible context	Notes / next step
Mon Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Tue Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Wed Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Thu Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Fri Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Sat Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	
Sun Date:	Y ☐ N ☐ ? ☐	Times	0 - 10	e.g. nausea, light, aura	What and when?	Sleep, meals, stress, cycle, weather	

End-of-week reflection (Y = headache, N = no headache, ? = unknown)

What repeated? What stayed unclear? What would be useful to discuss at an appointment?