

Example of a Re-Colored Headache Journal



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Priority	Item Title	Item Topic	Date to Pub	Notes
1				
2				
3				
4				



You Can Mix n' Match Products



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This journal belongs to:

Personal Information

Name: _____

Phone: _____ Email: _____

Address: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Address: _____

ESSENTIAL INFORMATION

Hospital: _____

Phone: _____

Doctor: _____

Medication: _____

NOTES



Headache Journal

DATE: _____ DAY: _____ WEATHER: _____

BEGAN: _____ ENDED: _____ DURATION: _____

WARNING SIGNS

TYPE OF PAIN

OTHER SYMPTOMS

INTENSITY: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

LOCATION OF PAIN: _____

TYPE OF HEADACHE: Sinus Migraine Stress
 Tension TMJ Female
 Cluster Neck Hormones

SUSPECTED TRIGGERS

MEDICATION	EFFECTIVENESS

NOTES

RELIEF MEASURES



Headache Journal

Time asleep: _____ Total hours: _____ Quality: ★★★★★

BREAKFAST

LUNCH

DINNER

WATER INTAKE: 1 2 3 4 5 6 7 8 9 10

TODAY I FEEL

STRESS

LEVEL: 0 1 2 3 4 5

DESCRIPTION	COPING SKILLS USED

EXERCISE

TIME	DURATION	DESCRIPTION	HOW I FELT

RELAXATION

TIME	DURATION	DESCRIPTION	HOW I FELT



Headache Log

DATE	START TIME	END TIME	INTENSITY (rate 1-10)
MEDICATION			DID IT WORK?
			YES / NO

DATE	START TIME	END TIME	INTENSITY (rate 1-10)
MEDICATION			DID IT WORK?
			YES / NO

DATE	START TIME	END TIME	INTENSITY (rate 1-10)
MEDICATION			DID IT WORK?
			YES / NO



Medication Tracker

MONTH: _____

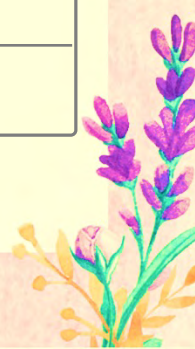
DATE	TIME	MEDICATION	DOSAGE



Symptom Tracker

MONTH: _____

DATE	TIME	SYMPTOMS	FOOD / MEDICINE / ACTIVITY



Monthly Headache Tracker

MONTH: _____

DATE	PAIN LEVEL	SLEEP	WATER	EXERCISE	NOTES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					



Yearly Headache Tracker

	J	F	M	A	M	J	J	A	S	O	N	D
1												
2												
3												
4												
5												
6												
7												
8												
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10												
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25												
26												
27												
28												
29												
30												
31												

YEAR: _____

DESCRIPTION

NOTES

Large empty area for notes.



Doctor Visit Log

DATE & TIME: _____ SPECIALIST: _____

LOCATION: _____

PREPARATION: _____

DOCTOR: _____

REASONS TO VISIT

QUESTIONS

SYMPTOMS

PRESCRIPTIONS

NOTES

NEXT APPOINTMENT



Notes



This Month's Plan

Month:

Year:

notes



This Week's Plan

Monday

Month:

Month Number:

Tuesday

Friday

Wednesday

Saturday

Thursday

Sunday

notes

To-Do List

- _____
- _____
- _____
- _____
- _____
- _____
- _____



Meal Planner

WEEK NUMBER:

MONDAY

TUESDAY

WEDNESDAY

THURSSDAY

FRIDAY

SATURDAY

SUNDAY



A large rectangular area with a light yellow background, enclosed by a solid black border. It contains ten horizontal dotted lines, evenly spaced, for writing.

A large rectangular area with a light yellow background, enclosed by a solid black border. It is completely blank.

