

# Headache Diary

Name: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

See page 2 for instructions

DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Maximum Headache Severity	Morning																																
	Afternoon																																
	Evening/Night																																

Scale of 0-1-2-3-4-5-6-7-8-9-10 No pain = 0 Pain as bad as it could be = 10

## ACUTE MEDICATIONS (Tablets/injections per day) (Medications taken to treat a headache e.g., triptans, painkillers, etc.)

Name _____ / _____ mg																																
Overall Relief																																
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Relief 0-1-2-3 0 = None 1 = Slight Relief 2 = Moderate Relief 3 = Complete Relief

## PREVENTIVE MEDICATIONS (Daily medications taken to prevent or decrease your headache tendency, e.g., amitriptyline)

Name _____ / _____ mg																															
Name _____ / _____ mg																															

## MENSTRUAL PERIODS

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## DISABILITY FOR THE DAY

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0 = None 1 = Able to carry out usual activities fairly well 2 = Difficulty with usual activity, may cancel less important ones 3 = Have to miss work (all or part of day) or go to bed for part of day

## TRIGGERS

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Please code trigger with a number and give details below. Record trigger number in table above on the appropriate date where you feel that trigger contributed to your headache.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## DIARY COMPLETION INSTRUCTIONS

**HEADACHE SEVERITY:** Please record your greatest headache severity during each part of the day: morning, afternoon and evening/night. Use the scale provided just below the boxes. If you find it too demanding to fill out the diary three times a day, you could leave it in your bedroom, and fill in the diary at the end of the day while your experience of that day is still fresh in your mind.

**ACUTE MEDICATIONS:** These are medications which you take to treat individual headache attacks. Once you have placed the names of your acute medications in the left-hand column, simply place in the appropriate box the number of tablets you took that day for each medication. Record also the “overall” relief you received from each medication that you took that day. A scale is provided just below the acute medication section for your use.

**PREVENTIVE MEDICATIONS:** Place the names of each of your preventive (or prophylactic) medications in the left hand column, along with your tablet size in milligrams. Then each day record how many tablets you took of each medication. There is no “overall relief” section here, as preventive medications are taken to reduce migraine frequency, not to provide short term relief.

**MENSTRUAL PERIODS:** Place an “X” on each day that you experience menstrual bleeding. This will help to show whether your headaches are triggered by menstruation, and this in turn may help determine which treatments are best for you.

**DISABILITY FOR THE DAY:** Here you can indicate how much your migraine impacted your activities that day. Use a number from the scale provided.

**TRIGGERS:** Migraine triggers are things that you experience which seem to bring on a headache at least some of the time. They include things like stress, weather changes, certain foods, and many others.