

HEADACHE DIARY

Patient Name: _____

INSTRUCTIONS: The headache diary has a column for each day of the month

The Headache Pattern: there are squares for morning, afternoon, evening, and sleep time on any day that you have headache. You go to the day of the month and the time of day and you put a number in the box that coincides with how severe the headache is at that time. If there is no headache that box is left blank; if there is any headache, mark in the box 1, 2 or 3 depending on whether the headache is mild, moderate, or severe.

By doing so, in review, we can see how often you had headaches, how severe they were and any pattern of the headaches follow over time.

Aura: is a period of transient visual or sensory symptoms, usually, that precedes or accompanies the headache. Most commonly this is a bright area or scintillating area in one's vision that evolves and then disappears typically over less than one hour. The duration of any aura, in minutes, is placed in the box on the day when that aura occurs. If you have no aura, this box is left blank. Aura is uncommon.

Medication for Headache: the medications are listed there by name and dose of pill. There is a square underneath the date that allows you to put the number of pills that you take of that medicine on any day that it is taken. Non-medicine treatments can also be listed here, such as hot packs or cold packs, and the day that they are used can be marked with an X.

Relief: the relief is graded from 0 to 3, which indicates the response to the treatment taken on that day. If you had no benefit, enter a 0, for mild benefit enter a 1, for moderate benefit a 2, and complete benefit or headache freedom enter a 3.

Daily Medicine: is a list where you to keep track of **any medicines** you are taking on a daily basis. Any dose changes during the month should be noted.

Other Factors: allows you to keep track of other variables in combination with the headache pattern. This might be other symptoms or other situations which might, in your estimate, be related to the headache.

Triggers: are substances, events or circumstances that you feel are related to provoking your headache on that day. Triggers are typically a guess, because one never really knows for sure. Guesses get better with time, so feel free to make guesses from the provided list or by writing in on one of the blank rows or one of the partially completed rows and writing in the number beside it on the day that it triggers your headache.

Hours of Sleep: simply document one's sleep amount on any given day.

Menstrual cycle: is for women to put in the days of their menstrual period.

The Quality of Life: is a graphical representation of how you are feeling in general terms on any given day by marking an X in line with that day. The horizontal line coincides with what you would call normal or the same as usual. If you are feeling better than usual an X would go above the line, and if you are feeling worse for any reason, the X, in line with the day, would go below the line.

Comments: this is an addition room at the bottom for any comments you may like to discuss in follow-up visits.

HEADACHE DIARY

Patient Name: _____

HEADACHE DIARY				Month _____												Year _____												Name _____											
1 mild 2 mod 3 sev	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								
Morning																																							
Afternoon																																							
Evening																																							
Sleep																																							
Aura (min)																																							
Medication for Headache																																							
1																																							
2																																							
3																																							
4																																							
Relief if Meds taken																																							
Complete 3 to 0 none																																							
Other Factors: Treatment or Symptoms																																							
1																																							
2																																							
3																																							
Triggers																																							
Hours of Sleep																																							
Menstrual Cycle																																							
Quality of Life																																							
better																																							
same																																							
worse																																							
Comments:																																							

Total Number of Headaches: _____

Total # of Days with H/A: _____

Last Month: _____

Headache Severity: blank=none
 1 = mild
 2 = moderate
 3 = severe

Preventative Daily Medicine		
Name	Dose	Started/Stopped

Triggers

- Menses
- Ovulation
- Hormone supplementation
- Drink: _____
- Drink: _____
- Food: _____
- Food: _____
- Hunger/ miss meals _____
- Travel/Altitude
- Schedule changes
- Sleep too little.
- Sleep in
- Strong light/ sunlight
- Strong smells
- Stress: _____
- Stress: _____
- Stress: _____
- Stress Withdrawl
- Weather
- _____
- _____
- _____
- _____
- _____
- _____
- _____