

Headache Diary

Keeping a headache diary is very important to help track progress in managing headaches. Please fill out the diary every day on which you experience any head pain and remember to bring it in on your follow up visits.

Progress becomes more obvious when we compare week to week or month to month, rather than hour to hour or day to day, so the diary can help you and your doctor evaluate when things begin to improve

It is usually very hard to think back and remember in detail how things felt in the past. For example, just try to remember what you had for dinner last Monday, which may be impossible.

Even if the headache is the same every day, we want to be able to acknowledge when it begins to move down, so we still want you to complete the diary every day.

Completing the headache diary

- Every column is one day in the month. They are numbered at the top of the graph.
- Every evening, think back on the day and rate the pain severity on a scale of 0-10. "0" is pain free and "10" is severe pain.
 - Fill in the box that represents the worst it got that day.
 - Fill in the box for the best it got that day. If you had any period of headache freedom, mark "0." We hope to begin to see more "0" as we continue in the treatment of your headache.
 - Some days, the pain level may just sit in one place. If so, then you can fill in only one box that day.
- Enter "P" on the days of your period (if applicable).
- If you treat your head pain with an acute care medication or take an anti-nausea medication, please record this in the diary by using the first letter(s) of the medication.

Sample headache diary

	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
10																															
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4																															
3																															
2																															
1																															
0																															
Treatment																															

Acute Medication Legend

	Medication	Dose
S	Sumatriptan (imitrex)	50 mg
N	Naproxen	440 mg

Month: _____

	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
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Acute Medication Legend

	Medication	Dose

