PLEASE PRINT THIS FORM

Toward Optimized Practice

(There is also an App for iPhone and Android called "Migraine Buddy" which is free and can be used to track your headaches instead of using a paper version)

Headache Diary

Adapted from: Headache Network Canada http://headachenetwork.ca

Name: **Month:** **Year:**

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																															

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

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

Name: ___________/____mg																															
Overall relief																															
Name: ___________/____mg																															
Overall relief																															
Name: ___________/____mg																															
Overall relief																															
Name: ___________/____mg																															
Overall relief																															

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, etc)

Name: ___________/____mg																															
Name: ___________/____mg																															

MENSTRUAL PERIODS																															

TRIGGERS																															

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.** ____________________

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