

# HEADACHE DIARY

MONTH / YEAR :



## ATTACK SEVERITY RATING

0	NONE
1-2	MINIMAL/ MILD
3-4	UNCOMFORTABLE
5-6	DISTRACTING/ DISTRESSING
7-8	INTENSE
9	UNMANAGEABLE
10	UNBEARABLE



## FUNCTIONAL ABILITY RATING



## RELIEF RATING



DAY	START	END	SEVERITY	FUNCTION	MEDICATIONS	TREATMENTS	RELIEF	MENSTRUATING
—	[ TIME ]	[ TIME ]	[ 0-10 ]	[ 0-10 ]	[ NAME, DOSE ]	[ TYPE, WHEN ]	[ 0-10 ]	[ Y/N ]
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## MIGRAINE

**Keeping a headache diary allows you to share a more complete picture of your migraine experience with your health care provider.**

This monthly headache diary helps track when your attacks occur, their severity and effects on your ability to function, and your treatment actions and results. You may also want to make notes about your symptoms, triggers, and impact on your daily activities. With a better understanding of your migraine experience, your health care provider can design a treatment plan tailored to you.

### EXAMPLES OF SYMPTOMS

- Head and Neck Pain
- Nausea
- Vomiting
- Dizziness
- Aura
- Sensitivity to Light
- Sensitivity to Sound
- Vision Problems

### EXAMPLES OF TRIGGERS

- Hormone Fluctuations (for women)
- Certain Foods and Drinks
- Dehydration
- Weather Changes
- Certain Odors and Scents
- Lights
- Sounds
- Stress

### NOTES: