

MY HEADACHE DIARY



This diary will help you keep track of your headaches over the next 3 months. Using it every day over this time will give your doctor a more accurate picture of your headaches. If your headaches are frequent or severe, or you're not getting the relief you need, see your doctor before the end of 3 months.

The Headache, Migraine &
Concussion Centre

MY HEADACHE DIARY

Use this diary every day to capture information that can help you and your doctor better understand, and manage, your migraines. Each diary sheet is for one month, with a column for each day of the month. Below is a sample diary to show you how to use it.

HEADACHE SEVERITY: For each day you experienced a headache, please specify how severe your headache was. If you experienced more than one headache in a day, select the greatest severity.

Mild = Noticeable Moderate = Cannot be ignored Severe = As bad as it could be

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
Mild				✓												✓															
Moderate					✓														✓												
Severe											✓	✓										✓						✓			

ACUTE MEDICATIONS: (Tablets/injections per day of medications taken to treat a headache).

For each day you experienced a headache, please specify how severe your headache was. If you experienced more than one headache in a day, select the greatest severity.

Name Ibuprofen/200 mg				2							2									3										
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Total days 3

PREVENTATIVE MEDICATIONS: (Medications taken to prevent or decrease your headache tendency).

If you are taking a preventative medication for your headache, enter the name and dosage in the blank space on the left-hand side, and fill in the number of tablets taken each day. If you receive an injection at your doctor's office, indicate this as well.

Name Flunarizine/10 mg	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Name OnabotulinumtoxinA											✓																			

Total days 1

DISABILITY FOR THE DAY:

Please grade the amount of disability you experienced from 0 to 3 (scale shown below). Write the number in the appropriate square for each day.

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

Disability				1							1					0					2									
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TRIGGERS:

Please write down each possible trigger and give it a number, as shown below. Record the trigger number in the table on the date when you feel that trigger contributed to your headache.

Triggers										1											2									
1 Red wine																														
2 Menstrual period																														
3																														
4																														

MY HEADACHE DIARY

Name : _____ Month : _____ Year: _____

Date of next doctor's appointment: _____

HEADACHE SEVERITY

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Mild																															
Moderate																															
Severe																															

ACUTE MEDICATIONS:

Name _____ Total days _____

PREVENTATIVE MEDICATIONS:

Name _____ Total days _____

Name _____ Total days _____

DISABILITY FOR THE DAY:

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

Disability _____

TRIGGERS:

Triggers _____

1 2 3 4

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Name : _____ Month : _____ Year: _____

Date of next doctor's appointment: _____

HEADACHE SEVERITY

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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	
Mild																																
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ACUTE MEDICATIONS:

Name _____ Total days _____

PREVENTATIVE MEDICATIONS:

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DISABILITY FOR THE DAY:

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Disability _____

TRIGGERS:

Triggers _____

1 2 3 4



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