

Headache Diary

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|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Date: | Date: | Date: | Date: | Date: | Date: | Date: |
| Time/s: | Time/s: | Time/s: | Time/s: | Time/s: | Time/s: | Time/s: |
| <i>Please indicate start and end times, location, and severity for each instance; see the legend at the bottom for severity.</i> | | | | | | |
| | | | | | | |
| Symptoms: | Symptoms: | Symptoms: | Symptoms: | Symptoms: | Symptoms: | Symptoms: |
| | | | | | | |
| Treatment/ Medication: | Treatment/ Medication: | Treatment/ Medication: | Treatment/ Medication: | Treatment/ Medication: | Treatment/ Medication: | Treatment/ Medication: |
| <i>Please indicate effectiveness using the legend at the bottom.</i> | | | | | | |
| | | | | | | |

Legend

| Severity | | Treatment/Medication effectiveness | |
|----------|---|------------------------------------|---|
| 1 | Mild; can still function | S | Success; eliminated headache |
| 2 | Moderate; impaired or slow function | P | Partial success; reduced headache symptoms |
| 3 | Severe; unable to function. Add an asterisk to indicate missing school/work/personal activity | F | Failure; ineffective |
| | | E | Side effects; can be combined with other indicators |