

Headache Diary

Name:															N	Иon	th:									_	Yea	ır: _				
	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
	Morning																															
Headache	Afternoon																															
Severity	Evening/Night																															
		Scal	e of 0	-10	١	No pai	n = 0		1		2		3	4		5		6		7	8	3	9		10	= Pair	as ba	ad as i	t could	l be		
SYMPTO	MATIC MEDIC	ATI	ION	S (T	abl	ets,	/inje	ectio	ons	per	da	y) (I	Med	icat	ion	s ta	ken	to	trea	ıt a	hea	dad	he	eg.	Trip	otar	ıs, p	oain	kille	ers,	etc	.)
Name:	/mg																															
	Overall relief																															
Name:	/mg																															
	Overall relief																															
Name:	/mg																															
	Overall relief																															
Name:	/mq																															
	Overall relief																															
		Relie	ef: 0-	1-2-3	3		0	= Non	ie 1 =	Sligh	t Relie	f		2	= Mo	derate	Relie	f		3 = 0	Comple	ete Re	lief									
PREVENT	ATIVE MEDIC	ATI	ON	S (D	aily	/ me	edic	atio	ns	take	en t	о р	reve	ent e	or d	ecr	eas	e yo	ur l	hea	dac	he t	end	lend	y e	g. A	mit	ript	ylin	.e)		
Name:	/mg																															
Name:	/mq																															
MENSTRUA	L PERIODS																															
DISABILITY	FOR THE DAY																															
0 = None	1 = Able to carry out	usual	activi	ities fa	irly w	ell	2	2 = Dif	ficulty	with	usual	activit	y, ma	y canc	el less	impo	rtant (ones		3 =	Have 1	o mis	s worl	(all o	r part	of day	/) or g	o to b	ed for	part o	of day	
TRIGGERS																																
Please code	trigger with a num	iber a	and g	give d	letail	s bel	ow. F	Recor	d trig	gger	numb	er in	tabl	e abo	ve o	1 the	appr	opria	ite da	ite w	here	you f	eel th	nat tr	igger	cont	ribut	ed to	you	r hea	dache	<u>,</u>
1					2 _									_ 3										4								

(Please turn page over and complete the other side)

For your headache treatment, please record here any physician visits, emergency room visits, hospitalization, or visits to any other health practitioners (naturopaths, chiropractors, etc.):

Date	Who/Place	Date	Who/Place
lease list any costs you	have incurred through purchase of vitamins, herbs, etc o	or any headache treatmer	nt compounds not listed on your diary as medications: