Headache Diary

Dr. Jason C. Ray

YEAR:		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
JAN	*Event*																															
	Intensity																															
	Treatment																															
FEB	*Event*																															
	Intensity																															
	Treatment																															
MAR	*Event*																															
	Intensity																															
	Treatment																															
APR	*Event*																															
	Intensity																															
	Treatment																															
MAY	*Event*																															
	Intensity																															
	Treatment																															
JUN	*Event*																															
	Intensity																															
	Treatment																															
		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**
JUL	*Event*																															
	Intensity																															
	Treatment																															
AUG	*Event*																															
	Intensity																															
	Treatment																															
SEP	*Event*																															
	Intensity																															
	Treatment																															
OCT	*Event*																															
	Intensity																															
	Treatment																															
NOV	*Event*																															
	Intensity																															
	Treatment																															
DEC	*Event*																															
	Intensity																															
	Treatment																															

Events

M: Migraine Day
Pain is generally moderate or severe, may be throbbing, worsened by activity and associated with nausea, sensitivity to light or sound

H: Background Headache
O: (Other): _____
P: Period

Severity

Average intensity for day (1-10)

Treatment Taken

A: (document medication): _____

B: (document medication): _____

Instructions: For each date of the month, write the relevant event (M, H or other), average severity and if a medication is taken, what medication was used

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