

**My Headache Diary**

Name \_\_\_\_\_

Month \_\_\_\_\_

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Pain Score:</b>																																
<b>Rescue Medication</b>																																
1.																																
2.																																
3.																																
Relief?																																
<b>Prevention Medication</b>																																
1.																																
2.																																
3.																																
4.																																
5.																																
<b>Menstrual Period (*)</b>																																

**Instructions:**

**What to do Today:**

- Fill in
- Your name
- The month
- Rescue medication list
- Prevention medication list

**When you have a headache:**

- Find the appropriate date of the month.
- Choose your pain level (1-mild; 2-moderate; 3-severe)
- Indicate which *rescue medication* you used, if any (x)
- Indicate if the medication gave *relief* (0-no; 1-some; 2-yes)
- \* for women, mark the days of your period