



AMENT HEADACHE CENTER

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
Pain Score:																															
Rescue Medication																															
1.																															
2.																															
3.																															
Relief?																															
Prevention Medication																															
1.																															
2.																															
3.																															
4.																															
5.																															
Menstrual Period (*)																															

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