MY HEADACHE DIARY

This diary will help you keep track of your headaches over the next 3 months. Using it every day over this time will give your doctor a more accurate picture of your headaches. If your headaches are frequent or severe, or you're not getting the relief you need, see your doctor before the end of 3 months.

MY CHRONIC MIGRAINE

SAMPLE

MY HEADACHE DIARY

Use this diary **every day** to capture information that can help you and your doctor better understand, and manage, your migraines. Each diary sheet is for one month, with a column for each day of the month. Below is a **sample diary** to show you how to use it.

HEADACHE SEVERITY:

For each day you experienced a headache, please specify how severe your headache was. If you experienced more than one headache in a day, select the greatest severity.

Mild = Noticeable **Moderate** = Cannot be ignored **Severe** = As bad as it could be

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
Mild				✓												✓															
Moderate					✓														✓												
Severe											✓	✓										✓					✓				

ACUTE MEDICATIONS:

(Tablets/injections per day of medications taken to treat a headache).

Write the names of the acute medications you take in the blank space on the left-hand side. Put the number of tablets/injections per day that you take of each medication in the box under the correct date.

Name																															
Ibuprofen/200 mg				2							2								3												

Total days 3

PREVENTATIVE MEDICATIONS:

(Medications taken to prevent or decrease your headache tendency).

If you are taking a preventative medication for your headache, enter the name and dosage in the blank space on the left-hand side, and fill in the number of tablets taken each day. If you receive an injection at your doctor's office, indicate this as well.

Name																															
Flunarizine/10 mg	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Total days 31

Name																															
OnabotulinumtoxinA										✓																					

Total days 1

DISABILITY FOR THE DAY:

Please grade the amount of disability you experienced from 0 to 3 (scale shown below). Write the number in the appropriate square for each day.

0 = None **1** = Able to carry out usual activities fairly well **2** = Difficulty with usual activities, may cancel less important ones
3 = Have to miss work (all or part of day) or go to bed for part of day

Disability				1							1				0				2												

TRIGGERS:

Please write down each possible trigger and give it a number, as shown below. Record the trigger number in the table on the date when you feel that trigger contributed to your headache.

Triggers											1								2												

1 Red wine 2 Menstrual period 3 4

Adapted from Headache Network Canada

MY HEADACHE DIARY

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Date of next doctor's appointment: ______________________________

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Total days ________

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PREVENTATIVE MEDICATIONS:

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Disability																															

TRIGGERS:

Triggers																															

1 **2** **3** **4**

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Disability																															

TRIGGERS:

Triggers																															

1 **2** **3** **4**

Adapted from Headache Network Canada

FOR MORE INFORMATION, VISIT

MYCHRONICMIGRAINE.CA.

MY CHRONIC MIGRAINE

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