



Migraine and Headache Diary Workbook

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A diary is one of the most helpful tools we can employ in managing Migraine disease and headaches. Still, it's not much use if it isn't set up to record what we need to record when we need to record it. Thus, I've included three formats in this workbook. You may use one, two, or all three of them. You may find that it helps you to keep a daily diary, but the monthly format is best for summarizing and sharing with your doctor. The point is to use what works best for YOU.

- The first diary format is the one I call the "basic diary." This is a form I developed while working with my first real Migraine specialist.
- For those of you who have pretty complicated days of multiple symptoms, multiple medications, etc., the daily format may work well for you.
- The monthly format works well if you're down to only a few Migraines or headaches a month. It's also a good summary diary. You can take your primary diary and summarize it on a monthly format. This may be very helpful if your doctor wants some details, but not as many as you want to record for yourself.

At the end of the workbook, you'll find a page to jot down questions that may occur to you during a Migraine or headache.

Whatever you do, keep learning as much about your Migraines and / or headaches as you can. That knowledge will help you work better with your doctor as a treatment partner where he or she makes decisions WITH you, not FOR you.

Live well,

A handwritten signature in cursive script that reads "Teri". The signature is written in a dark ink and is positioned below the text "Live well,".

Daily Diary

Date: _____

Time of onset: _____

Type: Migraine ___ tension-type headache ___ cluster ___ Other: _____

Descriptions:

Triggers: _____

Prodrome: _____

Aura: _____

Location and type of pain (throbbing, shooting, etc.):

Other symptoms (nausea, photophobia, etc.):

Please use back of page for additional notes, including questions to ask your doctor.

Evaluate Pain & Disability:

Severity of worst pain
(0 = no pain; 10 = worst ever) _____

Disability scale
(0 = fully functional; 10 = nonfunctional: _____

Medications:

Medication #1:
Name of Med: _____

Dosage: _____ Time taken: _____

Medication #2:
Name of Med: _____

Dosage: _____ Time taken: _____

Medication #3:
Name of Med: _____

Dosage: _____ Time taken: _____

General Comments / Notes:

Monthly Diary

Please use back of page for additional notes.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____	Date _____ type _____ med1 _____ med2 _____ triggers _____ _____
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