3-MONTH HEADACHE DIARY

Name: _____

Prophylaxis: _____

This form can be printed and filled in manually, or completed on a computer. Save the file for future reference.

Daily, write down all your headaches according to their severity. (1=mild, 2=moderate, 3=severe).
Write the names of your acute medications in the Tx squares on the left. Put a check if you used them for each day.
Write down the efficacy of the medications (meds) (0=none, 1=partial, 2=success, attack was controlled).
If you have notes, mark the square then add notes on the back or on the notes page.

Month:	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
Headache 0 1 2 3																															
Aura																															
Menses																															
Notes																															
Tx																															
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Effect of meds 0 1 2																															

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3-MONTH HEADACHE DIARY - NOTES

Name: _____

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