

Please start when received and bring to your clinic appointment together with the drug summary sheet and a list of all the medication you are taking

SPECIMEN HEADACHE DIARY

- This page illustrates how the diary should be filled out.
- Disability from the headache is scored from 0 to 10. 10 is when you cannot participate in any activity with your headache and 0 is when you can perform all activities.
- Some individuals differentiate their more disabling headaches as **Migraine** and less disabling as ones as **Headache**. This differentiation can be documented as below to indicate which was the main type of headache experienced on that day.
- For women enter **P** on the 1st day of your period (if applicable). If you treat your headache with any pain killing medication please mark **X** in the treatment column. You may list the medication taken and dose at the bottom of the page. Please bring this diary with you to your clinic appointments together with a list of *all* your current medication.

		DAY																																
		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		
MONTH																																		
JAN		M				P																												
HAScore		8																																
Treatment		X																																
Prevention		↑ Propranolol 20mg twice a day										↑ Propranolol 30mg twice a day																						
FEB		P																																
HAScore																																		
Treatment																																		
Prevention		↑ Propranolol 40mg twice a day										↑ Propranolol 60mg twice a day																						

M = Migraine

H = Headache

P= Period (if applicable)

Prevention: Please indicate if you are on any preventative treatment and indicate any change in dose (e.g propranolol as above)

X = Any treatment taken for the pain (pain killer)

HAScore = Disability score from the headache (**0-10**)

DAY

	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
MONTH																															
JAN / JUL																															
HAScore																															
Treatment																															
Prevention																															
FEB/AUG																															
HAScore																															
Treatment																															
Prevention																															
MAR/SEP																															
HAScore																															
Treatment																															
Prevention																															
APR/OCT																															
HAScore																															
Treatment																															
Prevention																															
MAY/NOV																															
HAScore																															
Treatment																															
Prevention																															
JUN/DEC																															
HAScore																															
Treatment																															
Prevention																															

M = Migraine

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P= Period (if applicable)

Prevention: Please indicate if you are on any preventative treatment and indicate any change in dose

X = Any treatment taken for the pain (pain killer)

HAScore = **Disability score from the headache (0-10)**

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Summary of medication changes since last appointment

Preventative Tried	Maximum Dose	Why stopped	Duration at maximum dose	When

Current Medication

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