

Please record daily.

Month: _____

Headache Diary

1. Record headache/pain severity for the day as 0-10. Use 0 for a day with no headache/pain, and 10 for the most severe headache/pain possible. See chart.
2. Circle all days of menstrual flow.
3. Note any medication used to treat your headache.
4. Note the time it takes to reach pain freedom or pain relief, then not whether the headache returns that day.
5. Note any missed activities.
6. Note any mood shifts or changes.

MIGRAINE SEVERITY					
0	1-2	3-4	5-6	7-8	9-10



0
None



1-2
Mild



3-4
Nagging



5-6
Distressing



7-8
Debilitating



9-10
Worst Pain

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY