

# 3-MONTH HEADACHE DIARY

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

Complete this form on a daily basis to track your headaches.

- In the "Headache" squares below, enter a number for all your headaches according to how severe they are. (1=mild, 2=moderate, 3=severe).
- In the "Treatment (Tx)" squares below, enter a mark in the Tx number of the preventive acute medication or measures (from the list at the right) used that day.
- In the "Effectiveness of meds" squares, enter a number of the effectiveness rating of the medications (0=none, 1=partial, 2=success, attack was controlled).
- In the Notes squares, mark the square if you added notes on the next page.

Name: \_\_\_\_\_

Below, enter your preventive or acute medications, measures, or devices:

Tx 1: \_\_\_\_\_

Tx 2: \_\_\_\_\_

Tx 3: \_\_\_\_\_

Tx 4: \_\_\_\_\_

Tx 5: \_\_\_\_\_

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	
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# 3-MONTH HEADACHE DIARY - NOTES

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

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