New England Regional Headache Center

HEADACHE AND MEDICATION LOG

NAME:_____ MONTHS: _____ YEAR:_____

	DATE:	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 INTENSITY	Life-threatening pain	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	Excruciating pain (ER visit)	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	Brutal pain (100% bedrest)	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	Severe pain (partial bedrest)	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	Moderately severe pain	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	Moderate pain	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	Light moderate pain	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	Mild pain	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	Very mild pain	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Light pressure or aura only	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	No pain at all	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LENGTH OF HEADACHE(hours)																																
DISABILITY LEVEL	Trip to ER/MD office for Rx	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	Bedrest required	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	Severely impaired functioning	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Mildly impaired functioning	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Normal work & function	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASSOCIATED SYMPTOMS	Sensitive to lights	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts	lgts
	Sensitive to sounds	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd	snd
	Nausea	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau	nau
	Vomiting	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom	vom
	Headache on 1/2 head	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Headache on both sides	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both	both
	Throbbing headache	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg	thbg
	Steady (tight) headache	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy	stdy
	Worse with movement	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt	mvt
	Migraine aura: visual	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis	vis
	Migr aura: neurological	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur	neur
	Menstrual period	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men	men
	Other (write in comments)	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr	othr

RESCUE MEDICATIONS TAKEN FOR HEADACHE PAIN

INSTRUCTIONS FOR COMPLETING HEADACHE DIARY FORM

1. Keep track of your headaches on every day by writing on the form. Please fill out each column of the form for every day of the month, even on days when you don't have a headache.
2. **DATE:** Write the dates of the monthly period covered in the boxes provided.
3. **HEADACHE INTENSITY:** Circle the score number which best describes the PEAK LEVEL ("High Tide") of headache pain reached during the headache on this date. Colored pencil or pen shows up best. Level 10 headache is a headache with severe vomiting, requiring Emergency Room treatment. Level 9 requires an Emergency Room visit; Level 8 produces severe disability in bed all day; Level 7 requires bedrest part of the day. Most severe headaches should be scored as level 6-8. Days which are totally headache free should be scored level 0.
4. **LENGTH OF HEADACHE:** Record the total duration of the headache (in hours) in this box. If the headache lasts for several days and nights, record "24" in several boxes in a row, one for each day of pain.
5. **DISABILITY LEVEL:** Circle the level corresponding to the MAXIMUM level of disability caused by the headache. Level 3, for example, means that you had to go to bed for some time during the day.
6. **ASSOCIATED SYMPTOMS:** Circle the code letters corresponding to symptoms that precede or accompany the headache. For example, "neur" means that neurological symptoms such as weakness or numbness of part of your body is associated with the headache. Circle "men" on each day you have a menstrual period.
7. **MEDICATIONS TAKEN:** List on the lines any abortive medications taken during the headache. Do not list daily preventive medication taken for headache, and do not list medication taken for any reason other than headache. Opposite these medications, record in the boxes for each headache how many tablets were taken during the entire day. For example, if 4 Advil are taken for a headache on April 4, write "Advil" on the first line at left, then move across columns until the headache for April 4 and record "4" in that box.

HEADACHE LOG: ADDITIONAL INFORMATION

DATE:	COMMENTS:

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