


Name _____

Month/Date _____



DETAILED MANAGEMENT DIARY

Part 1: Headache severity (0 = no pain; 10 = the worst pain you have experienced)

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
Morning																															
Afternoon																															
Evening																															

Part 2: Headache duration (Mark with an "X" how long each headache lasted)

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
Less than 4 hours																															
4 to 12 hours																															
13 to 24 hours																															

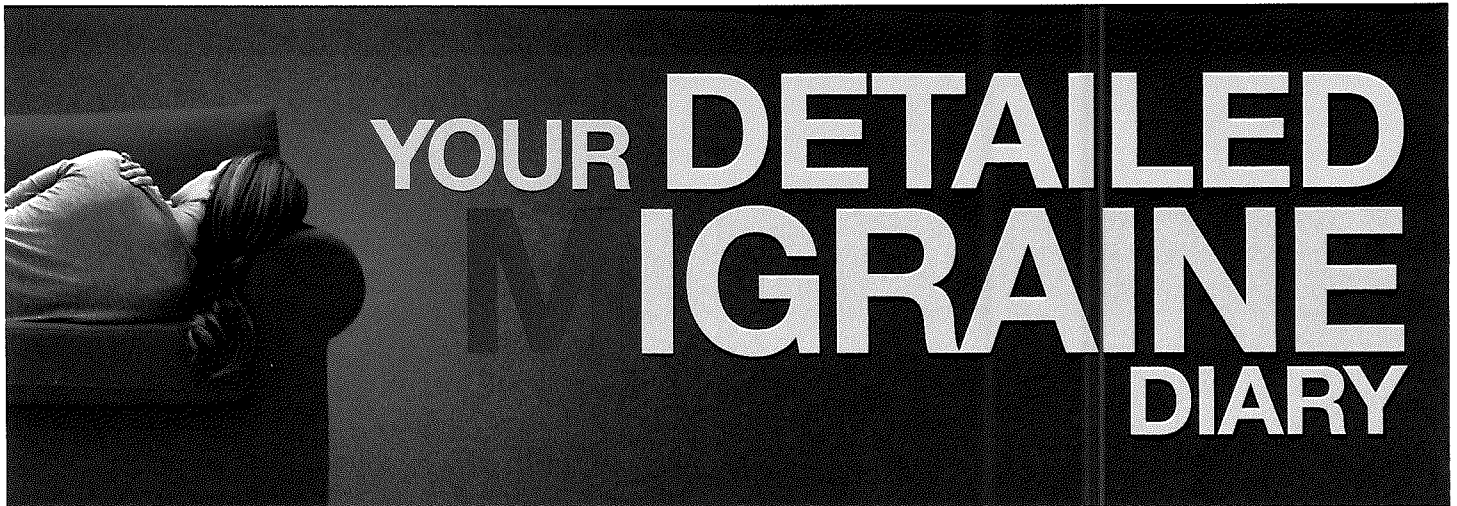
Part 3: Headache symptoms (Mark with an "X" any signs or symptoms experienced with each headache)

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
Aura																															
Nausea																															
Sensitivity to light																															
Sensitivity to sound																															
Inability to work/function																															
Throbbing																															
Other:																															
Other:																															
Other:																															

Part 4: Medication use (Record the name and dose of medication used, if any)

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
Medication 1 name:																															
Dosage per day																															
Medication 2 name:																															
Dosage per day																															
Medication 3 name:																															
Dosage per day																															
Medication 4 name:																															
Dosage per day																															

Adapted from the American Headache Society.



Use this diary to track details of your headaches.

You can share this information with your doctor when talking about your condition and treatment plan.

Instructions

Part 1: Headache severity

Record the strength of your headache pain using an 11-point scale, where 0 = *no pain* and 10 = *the worst pain you have experienced*. Provide scores for different times of the day—morning, afternoon, and evening—to see how your headache pain changes.

Part 2: Headache duration

Record how long your headaches last: less than 4 hours, 4 to 12 hours, or 13 to 24 hours.

Part 3: Headache symptoms

Record all symptoms that accompany each headache. Choose from the list provided, or list any other symptoms in the space(s) noted "Other."

Part 4: Medication use

Record the name and dose of medication used, if any. This includes all acute and preventive medications, both over-the-counter and prescription.