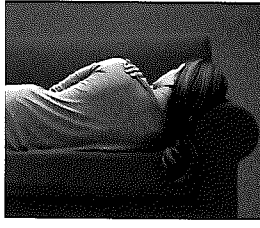


Name \_\_\_\_\_

Month/Date \_\_\_\_\_



# MONTHLY MANAGEMENT DIARY

**Category:**

M = Migraine

H = Other headache

P = Period (if applicable)

HA score = headache score (0 = no pain; 10 = the worst pain you have experienced)

Mark an "X" for all days you take medication.

Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

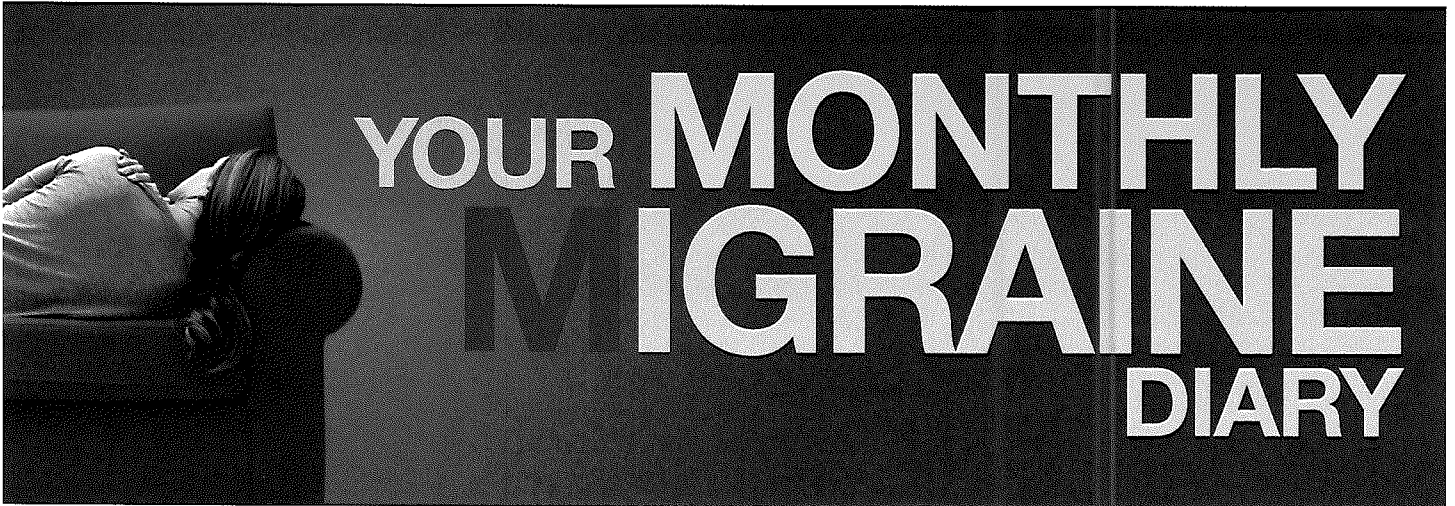
Month \_\_\_\_\_

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	
Category																																
HA score																																
Medication																																

Adapted from the American Headache Society.

Name \_\_\_\_\_

Month/Date \_\_\_\_\_



**Use this diary to develop a general overview of your migraines from one month to the next.**

Bring your diary with you to all your doctor appointments to discuss progress and treatment goals.

**Instructions:**

1. For every day of each month that you experience a migraine, enter "M" in the appropriate box.
2. If you experience another type of headache, enter "H" in the appropriate box.
3. Record the pain severity for all headaches using an 11-point scale, where 0 = *no pain* and 10 = *the worst pain you have experienced*.
4. If you treat your headache pain with medication, please mark "X" in the medication row. You may list the medication taken and the dose below.
5. Enter "P" on the first day of your period (if applicable).

**My medications** \_\_\_\_\_

---

---

---

---

---

---

---

---