www.migrainecanada.org

Headache diary

Canadian headache Society

Name: _____ Month : _____ 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 type or severity	Severe																															
	Moderate																															
	Mild																															

Acute treatments used (taken as needed to treat the individual attack)

Medication _____/____mg																																
Efficacy?																																
Medication _____/____mg																																
Efficacy																																
Medication _____/____mg																																
Efficacy																																

Efficacy : 0-1-2 0 = None 1 = Partial 2 = Success R : recurrency of headache E : side effects

Prophylactic treatment (taken everyday to reduce the frequency and severity of attacks)

Names																																
Doses																																
Menstruations																																

Incapacity to function																																

0 = None **1** = Slowed but able to do things **2** = Difficulty to function **3** = Unable to function, bedridden 4 = Emergency department

Triggers, by code																																

Write down codes for specific triggers or symptoms below to be able to track them

1 _____ 2 _____ 3 _____ 4. _____