COLLEGE STREET SPECIALISTS

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Headache Diary

Please record an entry for every day of the month — even headache-free days.

Month / Year: ______________ **Name:** ______________

Headache category: M Migraine · H Headache (non-migrainous) · F Headache-free day

Abortive taken: T Triptan · N NSAID (e.g. naproxen)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N
M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N	M H F T N

Monthly totals: M: ____ H: ____ F: ____ *(M + H + F = total days in month)*

Abortive days: T: ____ N: ____ *(number of days each medication was used)*

Notes: ______________

What features suggest a migraine?

Aura • One-sided pain • Throbbing or pulsating quality • Scalp sensitivity

Nausea or vomiting • Sensitivity to light or sound • Stopped your normal activity

Please fill this in at the same time each day and bring the completed sheet to your next appointment.