

Headache Diary Instructions

The Headache Diary is designed to help you record important information about your headaches before and after you see your doctor. The information will help your doctor determine which type of headache you have and monitor your response to therapy. Please try to answer these questions as soon as possible after each headache to ensure accuracy.

<u>Headache Triggers</u>	<u>Preceding Symptoms</u>	<u>Description of Pain</u>	<u>Medication(s)</u>	<u>Relief Measures</u>	<u>Lifestyle Impact</u>
<ul style="list-style-type: none"> • Alcohol • Chocolate • Alcohol • Aged cheese • Citrus fruits • Cured meats • MSG • NutraSweet® • Skipped meals • Nuts • Onions • Salty foods • Excess caffeine • Stress • Fatigue • Missed medication • Eyestrain or other visual triggers 	<p><u>Visual Disturbances or Aura</u></p> <ul style="list-style-type: none"> • Flashing lights • Flashbulb-like blind spots • Zigzag lines • Shimmering lights • Blurred vision <p><u>Motor Disturbances</u></p> <ul style="list-style-type: none"> • Loss of balance • Slurred speech • Numbness / Tingling • Arm(s) • Face • Chest • Leg(s) <p><u>Other Symptoms</u></p> <ul style="list-style-type: none"> • Mood changes • Sudden increase in energy • Food cravings • Frequent yawning or fatigue • Diarrhea/constipation 	<p><u>Location of Pain</u></p> <ul style="list-style-type: none"> • Throbbing • Stabbing • Pounding • Dull ache • Pulsating <p><u>Location of Pain</u></p> <ul style="list-style-type: none"> • Left side of head • Right side of head • Both sides of head • Front of head • Back of head • Behind the eye • All around the head <p><u>Other Symptoms</u></p> <ul style="list-style-type: none"> • Nausea • Sensitivity • Vomiting • Sensitivity to light and sound 	<ul style="list-style-type: none"> • Name • Dosage • Effectiveness (rate 1-10; most effective being 10) • Which of these specific problems apply to your medication? • Doesn't relieve pain adequately • Doesn't relieve pain long enough • Doesn't relieve accompanying symptoms • Doesn't work once migraine has fully begun • Causes drowsiness • Loses effectiveness with repeated use 	<ul style="list-style-type: none"> • Inactivity • Sleep • Darkness • Heat • Ice pack • Cold compresses • Relaxation techniques • Biofeedback • Bed rest • Dark room 	<p><u>Everyday Activities</u></p> <ul style="list-style-type: none"> • Cannot perform most or any • Perform, but impaired • No impairment <p><u>Work Missed</u></p> <ul style="list-style-type: none"> • Number of Hours / Days <p><u>Work Interference</u></p> <ul style="list-style-type: none"> • Response of coworkers: (Write in all that apply: Understanding, Angry, Skeptical, Frustrated) <p><u>Family Life Interference</u></p> <ul style="list-style-type: none"> • Response of family: (Write in all that apply: Understanding, Angry, Skeptical, Frustrated)

Other Instructions

- Leave the boxes blank if they do not apply to you
- Women should circle the date of headaches that occurred during menstruation.

Headache Diary

Date	Time Start Finish	Intensity: Rank: 1-5 (5 = most severe)	Headache Triggers	Preceding Symptoms	Description & Location of Pain. Other Symptoms	Medications & Relief Measures Attempted	Relief (complete/ moderate/none)	Lifestyle Impact