

# Arizona Pain Clinic, Scottsdale, Az.

# Headache Diary

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
<i>Headache Severity</i>	Morning																															
	Afternoon																															
	Evening/Night																															
		Scale of 0-10					No pain = 0			1	2	3	4	5	6	7	8	9	10 = Pain as bad as it could be													

## SYMPTOMATIC MEDICATIONS (Tablets/injections per day)

Name: _____/____ mg																																
Overall relief																																
Name: _____/____ mg																																
Overall relief																																
Name: _____/____ mg																																
Overall relief																																
		Relief: 0-1-2-3					0 = None			1 = Slight Relief			2 = Moderate Relief			3 = Complete Relief																

## PREVENTATIVE MEDICATIONS

Name: _____/____ mg																															
Name: _____/____ mg																															

## MENSTRUAL PERIODS

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## DISABILITY FOR THE DAY

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0 = None    1 = Able to carry out usual activities fairly well    2 = Difficulty with usual activity, may cancel less important ones    3 = Have to miss work (all or part of day) or go to bed for part of day

## TRIGGERS

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Please code trigger with a number and give details below. Record trigger number in table above on the appropriate date where you feel that trigger contributed to your headache.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

(Please turn page over and complete other side)

**For your headache treatment, please record here any physician visits, emergency room visits, hospitalisation, or visits to any other health practitioners (naturopaths, chiropractors, etc.):**

<b>Date</b>	<b>Who/Place</b>	<b>Date</b>	<b>Who/Place</b>

**Please list any other details regarding your headaches:**

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