

Name _____

Month/Date _____

MONTHLY HEADACHE MANAGEMENT DIARY

CATEGORY: M = MIGRAINE P = PERIOD (IF APPLICABLE) H = OTHER HEADACHE

HA Score (Headache Score): (0 = no pain; 10 = worst pain you have experienced)

Medication: Mark an 'X' for the 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																															

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HA Score																															
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Adapted from the American Headache Society.