Toward Optimized Practice

INSTITUTE OF HEALTH ECONOMICS ALBERTA CANADA

Headache Diary

Adapted from: Headache Network Canada http://headachenetwork.ca

Name:______________________ Month: ______________ Year: ____________

HEADACHE SEVERITY – Record your greatest headache severity each day

Rate pain level on a scale of 0-1-2-3-4-5-6-7-8-9-10 No pain = 0 Pain as bad as it could be = 10

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
Morning																															
Afternoon																															
Evening/Night																															

TRIGGERS* – Record the trigger(s) on each day when you feel a headache was triggered by the following:

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
Stress																															
Caffeine withdrawal																															
Sleeping in																															
Too little sleep																															
Meals (irregular/skipping)																															
Over or under activity																															
Weather change																															
Food†																															
Food†																															
Other																															
Other																															

**Triggers are things that you experience which seem to bring on a headache at least some of the time*

†Foods that patients commonly report can trigger a migraine include alcohol, citrus fruits, nuts, onions, monosodium glutamate (MSG), nitrites, dairy products, smoked fish, pickled herring, chocolate, eggs; beans; fatty foods; yeast extracts; aspartame; caffeine. Caffeine may be found in coffee, tea, cola beverages, chocolate, and energy drinks. The amount of caffeine in coffee has a large range. Decaffeinated coffee may still have an effect on some people's headaches.

MENSTRUAL PERIODS – Place an "X" on each day that you experience menstrual bleeding

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

ACUTE MEDICATIONS – Record the name of all headache medications taken to treat a headache (painkillers, triptans, etc.). Enter number of tablets take each day. Rate relief on scale of 0-1-2-3 No relief = 0 Complete relief = 3

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
Name ________________/______mg																															
Overall Relief																															
Name ________________/______mg																															
Overall Relief																															
Name ________________/______mg																															
Overall Relief																															
Name ________________/______mg																															
Overall Relief																															

PREVENTIVE MEDICATIONS – Record daily medications taken to prevent or decrease your headache tendency (amitriptyline, etc.). Enter number of tablets taken each day

Name / mg																															
Name / mg																															

GENERAL HEADACHE MANAGEMENT – Place an "X" on each day you engage in any of the following activities

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
Deep breathing and/or relaxation exercise																															
Coping strategies ‡																															
Stress management																															
Communication skills																															
Pacing																															
Physical activity																															
Acupuncture																															
Other																															
Other																															

‡Coping strategies include positive self-talk, distraction, regular and healthy diet, regular sleep/sleep schedule