

PATIENT HEADACHE DIARY

PATIENT NAME: _____

DOB: _____

A current log with a minimum of (3) full months is required when submitting the Patient Headache Diary to CHP

In the corresponding block please enter the following information:

CATEGORY= The type of Headache or Migraine you had- **M**= Migraine, **H**=Headache, **O**= No Headache or Migraine

DURATION= The number of hours that you had a Headache or Migraine for that day

AURA= Did you have an Aura with your Headache or Migraine- **Y**=Yes, **N**=No

MONTH and YEAR _____

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MONTH and YEAR _____

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MONTH and YEAR _____

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MONTH and YEAR _____

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|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MONTH and YEAR _____

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |