

# PATIENT HEADACHE DIARY

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**CATEGORY:**

- M = Migraine
- H = Other Headache
- O = No Headache

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

**DURATION = # of Hours (H) or Minutes (M)**

**AURA = (Y) Yes or (N) No**

MONTH / 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																																
HA SCORE																																
DURATION																																
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