

COLUMBIA UNIVERSITY HEADACHE CENTER

HEADACHE DIARY

Instructions:

On the corresponding day and month, record the pain severity (0-10). 0 is pain free and 10 is the worst pain you have ever had.

Enter **P** on the days of your period (if applicable).

If you treat your head pain with an acute care medication, please record this in the diary by using the first letter(s) of the medication. You may find using the box below the calendar may help.

		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	
MONTH																																	
JAN			8					P	P	P	P																						
HAScore			X							6																5							
Treatment			Y							X																							
FEB				P	P	P	P						7																				
HAScore													X	6	7														5				
Treatment													Y	Z																			

P= Period (if applicable) **HA Score =** Headache Score (0-10)

Acute Medication Legend					
	Medication	Dose		Medication	Dose
X	X – medication	10mg			
Y	Y - medication	500mg			
Z	Z – medication	25mg			

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NAME :

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
MONTH																															
JAN																															
HAScore																															
Treatment																															
FEB																															
HAScore																															
Treatment																															
MAR																															
HAScore																															
Treatment																															
APR																															
HAScore																															
Treatment																															
MAY																															
HAScore																															
Treatment																															
JUN																															
HAScore																															
Treatment																															

P= Period (if applicable) **HA Score** = Headache Score (0-10)

Acute Medication Legend					
	Medication	Dose		Medication	Dose

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NAME :

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
MONTH																															
JULY																															
HAScore																															
Treatment																															
AUG																															
HAScore																															
Treatment																															
SEPT																															
HAScore																															
Treatment																															
OCT																															
HAScore																															
Treatment																															
NOV																															
HAScore																															
Treatment																															
DEC																															
HAScore																															
Treatment																															

P= Period (if applicable) **HA Score** = Headache Score (0-10)

Acute Medication Legend					
	Medication	Dose		Medication	Dose