## **HEADACHE/MIGRAINE DIARY**

Headaches and migraines following you around most days? It could be Chronic Migraine. Keep track of your headaches to help your doctor see if you have Chronic Migraine and find the right treatment options for you.

## What is Chronic Migraine?

Chronic Migraine is a disease. If you have it, you're living with:



At least 8
MIGRAINE DAYS
per month



A total of 15 or more MIGRAINE AND HEADACHE DAYS per month

\*A headache day is where headaches last 4 or more hours.



## **INSTRUCTIONS**

- Fill out information about your headaches/migraines every day, even if you didn't have a headache that day.
- Bring the diary with you to every doctor appointment to help monitor your condition and progress on treatments.

Record information about your headaches/migraines, then bring to your doctor and ask about Chronic Migraine.  Month																																	
Day		Example	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
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	Severe headache migraine (M)	(H)/																															
Check any	Family event																																
activities you missed	Social event																																
because of a headache/ migraine	Work/school																																
J	Housework	v	/																														
Write in	Medication 1:	v	/																														
your acute or preventive medications,*	Medication 2:																																
then check off the days you took	Medication 3:																																
them	Medication 4:																																

\*Acute treatments are taken after headache/migraine pain has already begun. They are available over the counter or by prescription and taken as needed. Preventive treatments are taken on a schedule to prevent headaches/migraines before they start.

<b>FOR YOUR PH</b>	YSICIAN
Headache days	Migraine days
Count days when	the patient took acute medication as headache/migraine days.

Visit MYCHRONICMIGRAINE.COM to learn more about Chronic Migraine and different types of treatment options.

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Month \_\_\_\_\_

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