

NAME _____

HEADACHE/MIGRAINE DIARY

Every day, you can **fight back** against your condition. 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 defined as living with:



15 or more headache days each month



Each headache lasting 4 hours or more



At least 8 headache days a month associated with migraine



INSTRUCTIONS

1. Fill out information about your **headaches/migraines every day**, even if you didn't have a headache that day.
2. **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		
Write in an option every day, even if you didn't have a headache/migraine	None, or headache that lasted less than 4 hours (N)																																	
	Mild headache (H)/migraine (M)	H																																
	Moderate headache (H)/migraine (M)																																	
	Severe headache (H)/migraine (M)																																	
Check any activities you missed because of a headache/migraine	Family event																																	
	Social event																																	
	Work/school																																	
	Housework	✓																																
Write in your acute or preventive medications,* then check off the days you took them	Medication 1:	✓																																
	Medication 2:																																	
	Medication 3:																																	
	Medication 4:																																	

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

FOR YOUR PHYSICIAN
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.

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			
Write in an option every day, even if you didn't have a headache/migraine	None, or headache that lasted less than 4 hours (N)	N																																	
	Mild headache (H)/migraine (M)																																		
	Moderate headache (H)/migraine (M)																																		
	Severe headache (H)/migraine (M)																																		
Check any activities you missed because of a headache/migraine	Family event																																		
	Social event																																		
	Work/school																																		
	Housework																																		
Write in your acute or preventive medications,* then check off the days you took them	Medication 1:																																		
	Medication 2:																																		
	Medication 3:																																		
	Medication 4:																																		

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

FOR YOUR PHYSICIAN
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.

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
Write in an option every day, even if you didn't have a headache/migraine	None, or headache that lasted less than 4 hours (N)																															
	Mild headache (H)/migraine (M)																															
	Moderate headache (H)/migraine (M)																															
	Severe headache (H)/migraine (M)	M																														
Check any activities you missed because of a headache/migraine	Family event																															
	Social event	✓																														
	Work/school	✓																														
	Housework	✓																														
Write in your acute or preventive medications,* then check off the days you took them	Medication 1:																															
	Medication 2:	✓																														
	Medication 3:	✓																														
	Medication 4:																															

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

FOR YOUR PHYSICIAN

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.

