

NAME: _____

Courtesy of
PHOENIX HEADACHE INSTITUTE

MONTH: _____ YEAR: 20____

Notes Regarding Preventative Regimen

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

YES, ALL Preventatives Were Taken?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Acute Medications Taken

Urgent Care or ER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Headache Duration (in hours)

10+																														
8																														
6																														
4																														
<2																														

>50% Work/School
 >50% Around House
 Family/Soc./Leisure

MIGRAINE ?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mostly One-sided
 Pulsatile/Pounding
 Worse with Activity
 Moderate/Severe

Nausea or Vomit
 Light and Sound

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Headache Severity (0= no pain and 10= worst pain of your life)

10																														
9																														
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1																														

CALENDAR DATE DAY OF WEEK

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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Total Days Preventatives Taken
 Total Days in the Month
 ✗ 100 = % Compliance

A = _____
 B = _____
 C = _____
 D = _____

Total Visits to Urgent Care or ER=

Total Headaches <2 Hours
 Total HA Days in the Month
 ✗ 100 = % 2 Hour Success

Total Days of Work/School Missed=
 Total Days of Disability (MAX 90)=
 [Total of all 3 rows to left]

Total Days c Migraine=

 If at least **TWO** of these
AND
ONE of these

MILD MOD. SEVERE
 Total Days c Severe HA=
 Total Days c Mod. HA=
 Total Days c Mild HA=
 Total Headache Days=
 Ave. Severity of HA's=

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