

Month:

Year:

Date	Headache Y/N	Severity 0-10	Duration	Triggers	Abortive Medications	Pain Level After Abortive (0-10)
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						

List **preventative** daily medications here:

- 1
- 2
- 3

List abortive (**as needed**) medications here:

- 1
- 2
- 3

Bring headache diary with you to next clinic appointment.