

2014 Headache Diary

Patient's name:

Mark medication changes below each month

January

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | 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 | | |

Total:

February

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | |

Total:

March

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | | | | | |

Total:

April

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | 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 |

Total:

May

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | |

Total:

June

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | | 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 | | | | | | |

Total:

July

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | 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 |

Total:

August

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | |

Total:

September

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | | | | | |

Total:

October

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | |

Total:

November

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | |

Total:

December

| M | T | W | T | F | S | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | | | | | | |

Total:

Instructions

- Headaches starting during sleep should be marked with a square. So if you wake up with headache on 2nd but went to sleep without one, mark as 2
- If headache starts while you are awake mark the date with a circle. eg 11
- If the headache goes in less than 1½ hours strike out day. eg 8 or 16
- Mark with * date of any change in medication and add detail in space beneath the month. eg 26*
- Underline period days. eg 17, 18, 19, ...
- If a headache lasts more than one day, eg 4 days, mark as follows: eg 4 5 6 7
- Mark any warning you have of an attack before you go to sleep. eg 13^w
- If you have a lesser headache mark as 14°. If aborted less than 1½ hr, mark as 28[⚡]

This diary is available from the Patient Resources section at www.aspenpharma.com.au

SAMPLE CALENDAR

| M | T | W | T | F | S | S |
|----------------------------|-----------------------------|----|-----------------------------|-----|-----------------|-----------------|
| | | | | | 1 | 2 |
| | <input type="checkbox"/> 2 | 3 | <input type="checkbox"/> 4 | 5 | 6 | 7 |
| <input type="checkbox"/> 8 | 9 | 10 | <input type="checkbox"/> 11 | 12 | 13 ^w | 14 [°] |
| 15 | <input type="checkbox"/> 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 ^w | 24 | 25 | 26* | 27 | 28 [⚡] |
| 29 | 30 | 31 | | | | |

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Disclaimer: Provision of the headache diary by Aspen Pharmacare staff in no way endorses use of any product but is provided as a service to the medical profession

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| PROPHYLATIC MEDICATIONS TO TRY | FAILED PROPHYLATIC MEDICATIONS | ACUTE PHASE THERAPIES | INSTRUCTIONS | |
|---|---|--------------------------------------|---------------------|--|
| 1. | 1. | | | |
| 2. | 2. | | | |
| 3. | 3. | | | |
| 4. | 4. | | | |
| 5. | 5. | | | |
| 6. | 6. | | | |
| 7. | 7. | | | |
| 8. | 8. | | | |
| 9. | 9. | | | |
| 10. | 10. | | | |
| 11. | 11. | | | |
| 12. | 12. | | | |
| 13. | 13. | | | |
| 14. | 14. | | | |
| 15. | 15. | | | |
| 16. | 16. | | | |
| 17. | 17. | | | |
| 18. | 18. | | | |