
Diary Completion Instructions

Werner J. Becker¹ and Irene Worthington² on behalf of the Canadian Headache Society Acute Migraine Treatment Guideline Development Group

Can J Neurol Sci. 2013; 40: Suppl. 3 - S79-S80

Headache severity

Please record your greatest headache severity during each of the segments of the day: morning, afternoon, and evening / night. Use the scale provided just below the boxes. If you find it too demanding to fill out the diary three times a day, you could leave it in your bedroom, and fill in the diary at the end of the day while your experience of that day is still fresh in your mind.

Acute medications

These are medications which you take to treat individual headache attacks. Once you have placed the names of your acute medications in the left-hand column, simply place in the appropriate box the number of tablets you took that day for each medication. Record also the “overall” relief you received from each medication that you took that day. A scale is provided just below the acute medication section for your use.

Preventive medications

Place the names of each of your preventive medications in the left hand column, along with your tablet size in milligrams. Then each day record how many tablets you took of each medication. There is no “Overall relief” section here, as preventive medications are taken to reduce migraine frequency, not to provide short term relief.

Menstrual periods

Place an “x” on each day that you experience menstrual bleeding. This will help to show whether your headaches are triggered by menstruation, and this in turn may help determine which treatments are best for you.

Disability for the day

Here you can indicate how much your migraine impacted your activities that day. Use a number from the scale provided.

Triggers

Migraine triggers are things that you experience which seem to bring on a headache at least some of the time. They include things like stress, weather changes, certain foods, and many others.

See following page for Diary

From the ¹University of Calgary and the Hotchkiss Brain Institute, Calgary, Alberta; ²Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

RECEIVED JUNE 9, 2013. FINAL REVISIONS SUBMITTED JUNE 22, 2013.

Correspondence to: W.J. Becker, Division of Neurology, 12th Floor, Foothills Hospital, 1403 29th St NW, Calgary, Alberta, T2N 2T9, Canada.

Headache Diary

HNC-CHR Website (headachenetwork.ca)

Name: _____ Month: _____ Year: _____

Headache Severity	Scale of 0-10 No pain = 0 10 = Pain as bad as it could be																																
	DATE	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	
Morning																																	
Afternoon																																	
Evening/Night																																	

ACUTE MEDICATIONS (Tablets/injections per day) (Medications taken to treat a headache eg. Triptans, painkillers, etc.)

Name: _____ / _____ mg																																
Overall relief																																
Name: _____ / _____ mg																																
Overall relief																																
Name: _____ / _____ mg																																
Overall relief																																
Name: _____ / _____ mg																																
Overall relief																																

Relief: 0 = None 1 = Slight Relief 2 = Moderate Relief 3 = Complete Relief

PREVENTIVE MEDICATIONS (Daily medications taken to prevent or decrease your headache tendency eg. Amitriptyline)

Name: _____ / _____ mg																															
Name: _____ / _____ mg																															

MENSTRUAL PERIODS																																

DISABILITY FOR THE DAY																															

0 = None 1 = Able to carry out usual activities fairly well 2 = Difficulty with usual activity, may cancel less important ones 3 = Have to miss work (all or part of day) or go to bed for part of day

TRIGGERS																															

Please code trigger with a number and give details below. Record trigger number in table above on the appropriate date where you feel that trigger contributed to your headache.

1 _____ 2 _____ 3 _____ 4 _____