

UCSF Headache Center

2330 Post Street, 6th Floor
 San Francisco, CA 94115
 Phone: (415) 353-8393
 Fax: (415) 353-9539



University of California
 San Francisco

HEADACHE DIARY

Instructions:

On the corresponding day and month, record the pain severity (0-10). 0 is pain free and 10 is the worst pain you have ever had.

Enter **P** on the days of your period (if applicable).

If you treat your head pain with an acute care medication, please record this in the diary by using the first letter(s) of the medication. You may find using the box below the calendar may help.

	DAY																														
	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
MONTH																															
JAN		8					P	P	P	P	P																				
HAScore		X							6												6					5					
Treatment		Y							X												Y										
FEB				P	P	P	P						7																		
HAScore													X	6	7													5			
Treatment													Y		Z																

P= Period (if applicable) **HA Score** = Headache Score (0-10)

Acute Medication Legend			
	Medication	Dose	
X	X – medication	10mg	
Y	Y - medication	500mg	
Z	Z – medication	25mg	

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NAME :

YEAR :

DAY

	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
MONTH																															
JAN																															
HAScore																															
Treatment																															
FEB																															
HAScore																															
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MAR																															
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APR																															
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Treatment																															
MAY																															
HAScore																															
Treatment																															
JUN																															
HAScore																															
Treatment																															

P= Period (if applicable) HA Score = Headache Score (0-10)

Acute Medication Legend

Medication	Dose	Medication	Dose

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NAME :

YEAR :

DAY

	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	
MONTH																																
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HAScore																																
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NOV																																
HAScore																																
Treatment																																
DEC																																
HAScore																																
Treatment																																

P= Period (if applicable) HA Score = Headache Score (0-10)

Acute Medication Legend					
	Medication	Dose		Medication	Dose