Headache Diary

Patient Name _____

Please Print

	DATE	HEADACHE START TIME	HEADACHE STOP TIME	SEVERITY 0-3 SCALE	LIST ASSOCIATED MIGRAINE SYMPTOMS	DISABILITY 0-3 SCALE	ANY KNOWN TRIGGERS	MISCELLANEOUS INFORMATION
				0=None 2=Moderate 1=Mild 3=Severe	0=None 3=Photophobia 1=Nausea 4=Phonophobia 2=Vomiting	0=None 2=Moderate 1=Mild 3=Severe		
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Provided as a service from Abbott Laboratories

603-732-6363 • August 1996 • Printed in U.S.A.