

# Headache Diary



**PAIN MEDICINE ASSOCIATES**  
your life, your health, pain free

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Utilize this diary to record headaches as they occur each day. Your provider will be able to obtain information about patterns as they relate to your headaches and utilize this to formulate an individualized treatment plan.

Headache? (Y/N)	Highest Intensity (1,2 or 3)*	Abortive Therapy Used? (Y/N)	Which Abortive Therapy?
1.			
2.			
3.			
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28.			
29.			
30.			
31.			

\*1= mild 2= severe but not disabling 3=disabling; cannot carry out usual activities for at least a portion of the day

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**DISCLAIMER:** INFORMATION PROVIDED IN THIS SHEET IS GENERAL IN CONTENT AND SHOULD NOT BE SEEN AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. CONCERNS OVER MEDICAL CONDITIONS SHOULD BE DISCUSSED WITH YOUR PRIMARY CARE PHYSICIAN OR PAIN CARE SPECIALIST.