Headache Diary

Name: _____

Date	Headache Intensity 1-2-3 (low to high)	What abortive treatment did you use? How much?	Did you call the doctor?	… visit the doctor?	…visit the emergency room?

Headache Intensity Rating Notes

1 mild

2 severe but not disabling

3 disabling (You cannot carry out your usual activities for at least a portion of the day.)