NAME:_____

Courtesy of
PHOENIX HEADACHE INSTITUTE

MONTH:_____YEAR: 20_____

Notes Regarding Preventative Regimen

YES, ALL Preventatives Were Taken?

Total Days Preventatives Taken
Total Days in the Month
100 = ____ % Compliance

Acute Medications Taken

A =_____
B =_____
C =_____
D =_____

Urgent Care or ER

Total Visits to Urgent Care or ER=

Headache Duration (in hours)

10+
8
6
4
<2

Total Headaches <2 Hours
Total HA Days in the Month
100 = ____ % 2 Hour Success

>50% Work/School
>50% Around House
Family/Soc./Leisure

Total Days of Work/School Missed=
Total Days of Disabilty (MAX 90)=
[Total of all 3 rows to left]

MIGRAINE ?

Total Days c Migraine=

Mostly One-sided
Pulsatile/Pounding
Worse with Activity
Moderate/Severe

If at least **TWO** of these

AND
ONE of these

Nausea or Vomit
Light and Sound

Headache Severity
(0= no pain and
10= worst pain of your life)

10
9
8
7
6
5
4
3
2
1

SEVERE
MOD.
MILD

Total Days c Severe HA=
Total Days c Mod. HA=
Total Days c Mild HA=
Total Headache Days=
Ave. Severity of HA's=

CALENDAR 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

DAY OF WEEK

MONTHLY HEADACHE TRACKER

RISE TO FREEDOM

480.961.2365

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RISE TO FREEDOM

MONTHLY HEADACHE TRACKER

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