

MONTHLY MANAGEMENT DIARY

Date: _____

Patient Name: _____

Category:

M = Migraine

H = Other headache

P = Period (if applicable)

HA score = headache score (0 = no pain; 10 = the worst pain you have experienced)

Mark an "X" for all days you take medication.

Month: _____

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
Category																															
HA score																															
Medication																															

Month: _____

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
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Adapted from the American Headache Society.



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