

MICHIGAN HEAD•PAIN & NEUROLOGICAL INSTITUTE

HEADACHE RECORD for the month of _____

Name _____ Date of birth _____

Begin this record **today** and **bring** it to your first appointment.
Each day record **any** headache, the date, the severity level*, and all medications taken.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

* SEVERITY

- 1 – Low level headache which enters awareness only at times when attention is devoted to it
- 2 – Headache pain level that can be ignored at times
- 3 – Painful headache, but can continue to function

- 4 – Very severe headache—concentration difficult but can perform tasks of an undemanding nature
- 5 – Intense, incapacitating headache