### Headache Centre – Pavia

HEADACHE - DIARY

Surnname and Name:		
Date of birth:		
Telephone:		
E-mail:		

#### INSTRUCTION FOR COMPLETING

#### DAY OF THE WEEK

Enter the initials of the day of the week (M= Monday, T= Tuesday, etc) boxes in the first row above the date of diary.

Scoring in the box the intensity of headache (0 to 10) for its entire duration

NO PAIN	0	1	2	3	4	5	6	7	8	9	10	SEVERE PAIN
		MILE	)		MOE	ERAT	E		SEV	ERE		

#### MARK WITH S HOURS OF SLEEP

SYMPTOMS ASSOCIATED: mark with X in the appropriate box if you are experiencing symptoms that occur during the attack: nausea, vomit, intollerance to light, noise, odors

If before or during the headache occurs the phenomenon of AURA (visual symptoms, tingling in the arm or the face, speech disorders) write: A before scoring headache in the diagram panel and mark the duration of symptoms

#### MARK IN THE APPROPRIATE BOX IF THE PAIN FROM ONE SIDE:

R for right, L for left, RL if the pain is all over head

#### MARK IN THE APPROPRIATE BOXES:

PU pulsating pain; PR a squeezing or pressure pain; O other pain

Mark with an X if the pain worse with the movement (es. bend the head, taking the stairs)

REPORT (HERE) THE SYMPTOMATIC DRUGS ASSUMED TO NEED (FULL NAM Initial of drug	1E):
Doses in the 24 hours	
Time of assumption	

**TRIGGERS:** filled if the headache is triggered by certain factors such as food, stress, climatic changes etc.

#### MARK IN THE APPROPRIATE BOXES SCHEMA:

- **M** the days when menstruation occurs
- P the days of possible assumption of oral contraceptive or hormonal therapy

## Headache Diary – Instructions – Headache Centre – Pavia –

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# SUMMARY OF DOSES OF ASSUMED SYMPTOMATIC DRUGS DOSES / MONTH

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NB: Enter the initial trading name of the corresponding triptan (T) and / or analgesic (A) taken during each month by inserting it in the appropriate box