

Headache Centre – Pavia

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
		MILD			MODERATE			SEVERE				

HEADACHE – DIARY

Surname and Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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, intolerance 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 NAME):

Initial of drug \_\_\_\_\_

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





**SUMMARY OF DOSES OF ASSUMED SYMPTOMATIC DRUGS  
DOSES / MONTH**

<b>MONTH</b>	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	TOT
JANUARY (A)																															
(T)																															
FEBRUARY (A)																															
(T)																															
MARCH (A)																															
(T)																															
APRIL (A)																															
(T)																															
MAY (A)																															
(T)																															
JUNE (A)																															
(T)																															
JULY(A)																															
(T)																															
AUGUST (A)																															
(T)																															
SEPTEMBER(A)																															
(T)																															
OCTOBER (A)																															
(T)																															
NOVEMBER (A)																															
(T)																															
DECEMBER(A)																															
(T)																															

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