

APPENDIX D – THE HEADACHE DIARY

NAME: _____ DATE OF BIRTH: _____ MONTH: _____

Date	Headache Intensity*	Medication (name, dose, # of doses)	Trigger(s)
1			
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31			

* For headache intensity, enter the maximum intensity of the headache using the following guide:
 S = severe or disabling, M = moderate or somewhat limiting, L = light or mild, – = no headache that day

Adapted from: pamphlet, Taking Control of Your Headaches, The Migraine Association of Canada

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