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MONTHLY HEADACHE DIARY • A simple daily record for migraine follow-up

Patient: _____ Month / Year: _____ Doctor / OPD No.: _____

Enter a row every day, including headache-free days (VAS = 0). VAS: 0 = no pain; 10 = worst imaginable pain. Record the highest pain score of the day.

Disability: 0 = usual activities unaffected | 1 = activities affected | 2 = unable to do usual activities. Relief: C = complete | P = partial | N = none.

Possible triggers: S = sleep change | M = missed meal / fasting | T = stress | H = heat / sun / dehydration | C = tea / coffee change | P = periods | F = food | O = other.

For F, write the suspected food in Remarks (e.g. chocolate, cheese, packaged or restaurant food). Suspected triggers are not necessarily proven causes.

Date	VAS (0–10)	Duration (hours)	Disability (0–2)	Medicine + doses	Relief (C/P/N)	Possible triggers	Remarks (food / symptoms / other)
1							
2							
3							
4							
5							
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29							
30							
31							

MONTHLY SUMMARY: Headache days: _____ | Moderate/severe days (VAS ≥ 4): _____ | Acute medicine days: _____ | Disability days: _____

Count each medicine day only once, even if multiple doses were taken. Bring this diary to your next consultation.