

Date	Day	Headache severity				Associated symptoms					Headache duration		Medications used (Acute)	Relief			Comments
		Severe	Mod	Mild	Clear	N	V	Pt	Pn	Wpa	>4 hr	<4hr		None	Mod	Good	
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																	
31																	

1. HIT -6 SCORE _____ 2. No. of GP visits for headache this month _____ 3. No. of Hospital visits for headache this month _____
4. No. of days unable to work/function due to headache _____

Severe: 8-10/10, Moderate: 5-7/10, Mild: 1-4/10
N: nausea, V: vomiting, Pt: Sensitivity to light
Pn: Sensitivity to sound WPA: worsen with physical activity