

Name _____

Month/Date _____



MONTHLY MANAGEMENT DIARY

Category: HA score = headache score (0 = no pain; 10 = the worst pain you have experienced)
M = Migraine Mark an "X" for all days you take medication.
H = Other headache
P = Period (if applicable)

Month

Day	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	
Category																																
HA score																																
Medication																																

Month

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Adapted from the American Headache Society.