

NAME.....

MONTH.....YEAR.....

Date	Headache severity		Associated symptoms					Duration			Acute medication taken? (only write medication taken specifically for headache symptoms)	Did the medication help?		
	1-10	Crystal clear?	Nausea	Vomiting	Light sensitive	Sound sensitive	Worse with activity	< 4 hrs	4-8 hrs	> 8 hrs		Not at all	Slightly	A lot
eg.		✓								✓				
eg.	4		✓				✓	✓			Sumatriptan		✓	
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														

PLEASE BRING THIS DIARY TO EVERY APPOINTMENT

HIT-6.....

Number of GP visits for headache this month.....

Number of hospital visits for headache this month.....

Number of days missed work/unable to function due to headache.....

NAME.....

MONTH.....YEAR.....

Date	Headache severity		Associated symptoms					Duration			Acute medication taken? (only write medication taken specifically for headache symptoms)	Did the medication help?		
	1-10	Crystal clear?	Nausea	Vomiting	Light sensitive	Sound sensitive	Worse with activity	< 4 hrs	4-8 hrs	> 8 hrs		Not at all	Slightly	A lot
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														

PLEASE BRING THIS DIARY TO EVERY APPOINTMENT

HIT-6.....

Number of GP visits for headache this month.....

Number of hospital visits for headache this month.....

Number of days missed work/unable to function due to headache.....

NAME.....

MONTH.....YEAR.....

Date	Headache severity		Associated symptoms					Duration			Acute medication taken? (only write medication taken specifically for headache symptoms)	Did the medication help?		
	1-10	Crystal clear?	Nausea	Vomiting	Light sensitive	Sound sensitive	Worse with activity	< 4 hrs	4-8 hrs	> 8 hrs		Not at all	Slightly	A lot
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														

PLEASE BRING THIS DIARY TO EVERY APPOINTMENT

HIT-6.....
 Number of GP visits for headache this month.....
 Number of hospital visits for headache this month.....
 Number of days missed work/unable to function due to headache.....

NAME.....

MONTH.....YEAR.....

Date	Headache severity		Associated symptoms					Duration			Acute medication taken? (only write medication taken specifically for headache symptoms)	Did the medication help?		
	1-10	Crystal clear?	Nausea	Vomiting	Light sensitive	Sound sensitive	Worse with activity	< 4 hrs	4-8 hrs	> 8 hrs		Not at all	Slightly	A lot
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														

PLEASE BRING THIS DIARY TO EVERY APPOINTMENT

HIT-6.....
 Number of GP visits for headache this month.....
 Number of hospital visits for headache this month.....
 Number of days missed work/unable to function due to headache.....