

**MICHIGAN HEAD•PAIN & NEUROLOGICAL INSTITUTE**

**HEADACHE RECORD** for the month of \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Begin this record **today** and **bring** it to your first appointment.  
Each day record **any** headache, the date, the severity level\*, and all medications taken.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

\* SEVERITY

- 1 – Low level headache which enters awareness only at times when attention is devoted to it
- 2 – Headache pain level that can be ignored at times
- 3 – Painful headache, but can continue to function

- 4 – Very severe headache—concentration difficult but can perform tasks of an undemanding nature
- 5 – Intense, incapacitating headache