

Headache/Migraine Symptom Logs

Hello,

In the Intake Questionnaire, you indicated experiencing Headaches/Migraines. With this packet, I have included the relevant log. This symptom log packet also includes a pain scale on the last page.

On each page, please fill in your name in the upper-left hand corner and use the log to document all relevant symptoms and send this log back to the firm every 3 months (the firm will handle the submission to the VA – please do not submit these to the VA yourself). Please make sure you sign and date the bottom of each page before submitting these to VA Disability Group.

IMPORTANT: If your headaches/migraines are impacting your ability to work (either your attendance, ability to finish a shift, or performance quality), ensure this is documented in the "Symptoms Experienced (Daily Notes)" column.

You do not need to create an entry for every day, just the days you are experiencing symptoms.

Documenting the frequency, severity, and specific symptoms of your condition could help your claim.

You can return this to our office in any of the following ways:

Email: cd@vadisabilitygroup.com

Fax: 269-569-8611

Mailing Address: 7837 S Sprinkle Rd, Portage, MI 49002

Once again, we appreciate you choosing our firm and we look forward to working with you on your disability claims. Please do not hesitate to contact the office if you need more logs, need paper copies, or have questions on how to appropriately record your symptoms.

Kind regards,

VA Disability Group, PLLC

NAME:				HEAD	ACHE/MIGRAIN	E LOG
Date	Time	Duration	Pain Scale (out of 10) See last page for pain scale	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Medication (Over the Counter and Prescription)	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours	6/10	1, 2, 3, 4, 5, 6	Tylenol	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature: Date:						

NAME:				HEAD	ACHE/MIGRAIN	E LOG
Date	Time	Duration	Pain Scale (out of 10) See last page for pain scale	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Medication (Over the Counter and Prescription)	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours	6/10	1, 2, 3, 4, 5, 6	Tylenol	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature: Date:						

NAME:				HEAD	ACHE/MIGRAIN	E LOG
Date	Time	Duration	Pain Scale (out of 10) See last page for pain scale	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Medication (Over the Counter and Prescription)	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours	6/10	1, 2, 3, 4, 5, 6	Tylenol	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature: Date:						

NAME:				HEAD	ACHE/MIGRAIN	E LOG
Date	Time	Duration	Pain Scale (out of 10) See last page for pain scale	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Medication (Over the Counter and Prescription)	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours	6/10	1, 2, 3, 4, 5, 6	Tylenol	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature: Date:						

NAME:				HEAD	ACHE/MIGRAIN	E LOG
Date	Time	Duration	Pain Scale (out of 10) See last page for pain scale	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Medication (Over the Counter and Prescription)	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours	6/10	1, 2, 3, 4, 5, 6	Tylenol	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature: Date:						

Center for Medicare Services Pain Scale

0 - Pain Free

Mild Pain - Nagging, annoying, but doesn't really interfere with daily living activities.

- 1 Pain is very mild, barely noticeable. Most of the time you don't think about it.
 - 2 Minor pain. Annoying and may have occasional stronger twinges.
- 3 Pain is noticeable and distracting, however, you can get used to it and adapt.

Moderate Pain - Interferes significantly with daily living activities.

- 4 Moderate pain. If you are deeply involved in an activity, it can be ignored for a period of time, but is still distracting.
- 5 Moderately strong pain. It can't be ignored for more than a few minutes, but with effort you still can manage to work or participate in some social activities.
 - 6 Moderately strong pain that interferes with normal daily activities. Difficulty concentrating.

Severe Pain - Disabling; unable to perform daily living activities.

- 7 Severe pain that dominates your senses and significantly limits your ability to perform normal daily activities or maintain social relationships. Interferes with sleep.
 - 8 Intense pain. Physical activity is severely limited. Conversing requires great effort.
 - 9 Excruciating pain. Unable to converse. Crying out and/or moaning uncontrollably.
 - 10 Unspeakable pain. Bedridden and possibly delirious. Very few people will ever experience this level of pain.