

NAME:							HEADACHE/MIGRAINE 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:							HEADACHE/MIGRAINE 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:							HEADACHE/MIGRAINE 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:							HEADACHE/MIGRAINE 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:							HEADACHE/MIGRAINE 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.