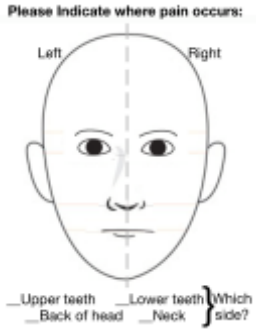
UHN Krembil Neuroscience Centre

KNC Headache Clinic



Month: _____

Maximum Headache Severity: 0 → 10 (0 = no pain, 10 = worst headache imaginable)

Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Evening/ Night																															

Menstrual Periods

Place "X"																															

Acute Medications (Medication used to treat headache e.g. Triptan) **Overall Relief:** (N= None, M = Moderate, G = Good)

Name/Dose (mg):																															
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Prophylactic Medication (Daily medications used to ↓headaches e.g. Amitriptyline, Botox)

Name/Dose (mg):																															
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Disability A= None, **B**= Pain but able to carry out activities, **C**= Cancelled less important activities, **D**= Miss work or go to bed early

Aura **A**=Vision, **B**=Numb/tingling, **C**=Speech, **D**=_____, **E**=_____, **F**=_____, **G**=_____

Triggers **A**=_____, **B**=_____, **C**=_____, **D**=_____

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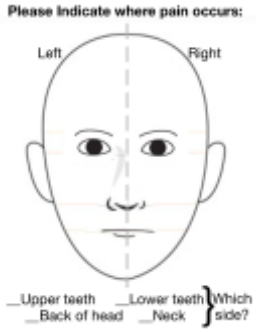

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