Monthly Headache Diary

If you think you will have trouble providing sufficiently detailed information at your Social Security disability hearing, the exercise of keeping a daily diary until the time of your hearing is excellent preparation for testifying.

And for episodic impairments like headaches, a diary helps quantify problems.

Month/Year:	
Name:	

Date	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 3°
	Did	you	have	a h	eada	che	toda	y?	•	•						•		•					•			•				
Yes																														
No																														
	Inte	ensity	of H	lead	ache	e: MI	LD—	able	to	func	tion	; MC	DEF	RATI	E—u	nable	e to f	unc	tion/	bed r	est ı	าot r	need	ed;	SEV	ERE	—b	ed re	est r	eq.
Mild																														
Moderate																														
Severe																														
	Dua	Duation of this headache?																												
Less than 4 Hours																														
4-12 Hours																														
13-24 Hours																														
	Syn	Symptoms of this headache. Please mark all that apply.																												
Aura Colors																														
Nausea/Vomiting																														
Light Sensitivity																														
Personality Change																														
Dizziness/Vertigo																														
Numbness/Tingling																														
Motor Impairment																														
Double Vision																														
Other Vision Symptoms																														
Speech Impairment																														
	Med	Medications taken for treatment of this headache. Please also indicate medications taken other than daily medications.																												
																									Ī					