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 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Did you have a headache today? |
| Yes |
| No |

Intensity of Headache: MILD—able to function; MODERATE—unable to function/bed rest not needed; SEVERE—bed rest req.

Mild
Moderate
Severe

Duration of this headache?
Less than 4 Hours
4-12 Hours
13-24 Hours

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

Medications taken for treatment of this headache. Please also indicate medications taken other than daily medications.