

Monthly Headache Diary

Month/Year: _____ Name: _____

We have requested that you keep a headache diary and submit them on a quarterly basis. The headache diary is intended to give Social Security an understanding of what it's like for you to live with your challenges. Please record each day you experience a headache and fill out the corresponding information. If there is any additional information you would like to add, do so at the end of the page and include the date of each entry. Please send the diaries to us quarterly on March 31st, June 30th, September 30th, and December 31st by email: records@mkhansenlaw.com. fax: **(402) 436-3031**, or mail: **PO Box 85536 Lincoln NE, 68501-5536**

If you need additional copies of this document please visit our website at mkhansenlaw.com. This document can be found under the Resources-Social Security tab.

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.																																

Additional Comments: