

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 it to us at the end of March, June, September, and December by email: records@mkhansenlaw.com. fax: (402) 477-0231, or mail: 1101 Cornhusker Hwy., Suite 201 Lincoln, NE 68521

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

Additional Comments: