Name
Date of birth
MONTH/YEAR:

Date	Clear	Mild/ Moderate	Severe	Painkillers used for headache
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				
Total				

Monthly HIT-6 Questionnaire	*Never*	*Rarely*	*Some-times*	*Very often*	*Always*
Points	*6*	*8*	*10*	*11*	*13*
When you have a headache, how often is the pain severe?					
How often have headaches limited your ability to do usual activities including housework, work, school or social activities?					
When you have a headache, how often do you wish you could lie down?					
How often have you felt too tired to work or do your daily activities because of your headache?					
How often have you felt fed up or irritated because of your headaches?					
How often have the headaches limited your ability to concentrate on work or daily activities?					
Total HIT-6 score: _____					

INSTRUCTIONS: Please fill in the headache diary by putting a tick-mark in only one of the 3 columns each day. The '*clear*' column should only be ticked if you have been completely headache-free and had a crystal-clear head the entire day; otherwise, you should tick either the '*mild/moderate*' or the '*severe*' column based on the overall behaviour and impact of the headache that day. All painkillers used for headache should be recorded. Please complete a HIT6 questionnaire at the end of each month**. Please have your diaries with you at the time of your next consultation, with the total of headache days and HIT6 scores <u>added up</u> prior to your appointment.**

Further diaries are available to download/print at www.thewaltoncentre.nhs.uk> departments and services> neurology> headache service> files> headache diary