



Communication Guide

For Your Next Clinical Visit

Place an "X" on days you had a headache for 3 months

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
Month 1																														
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
Month 2																														
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
Month 3																														

Circle Things That Trigger Your Headaches

Light	Noise	Odors	Weather	Stress	Diet	Sleep	Menstrual
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Are you nauseous or sensitive to light or sound? Yes or No

Discussion Points for Shared Decision-Making

1

I would like to practice a healthy lifestyle, including eating healthy, regular exercise, and practicing relaxation techniques.

2

Can we please discuss preventive treatment options so we can prevent or reduce my days with headache?

3

Now can we discuss my acute treatment options so I can be prepared when a headache hits?