



HEADACHE & MIGRAINE LOG

VETERAN INFORMATION AND BASELINE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

VETERAN INFORMATION

Veteran name	VA file number (last 4 only)	Log start date
Primary phone	Email	Representative / provider

HEADACHE BASELINE

Date headaches began	Typical frequency per week/month	Usual duration
Current diagnosis, if known	Prescribing / treating provider	

CURRENT TREATMENT

Medication / treatment	Dose	How often	Effect / side effects

HOW TO USE THIS LOG

Record every headache as soon as practical. Note pain level, duration, associated symptoms, treatment, and what the headache prevented you from doing. Record missed work, the need to lie down in a dark room, help required from others, and whether normal activity was impossible.

Pain scale: 0 = no pain | 1-3 = mild | 4-6 = moderate | 7-9 = severe | 10 = worst imaginable

URGENT: Seek immediate medical care for a sudden worst headache, new weakness/numbness, confusion, fainting, seizure, fever with stiff neck, vision loss, or headache after a serious injury.



HEADACHE & MIGRAINE LOG

SEVEN-DAY SUMMARY

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

Veteran name

Week beginning

Week ending

DAILY HEADACHE SUMMARY

Date / time	Pain	Duration	Symptoms / triggers	Medication / relief	Lie down?	Work / daily impact

WEEKLY FUNCTIONAL IMPACT

Total episodes

Severe episodes (7-10)

Episodes requiring dark/quiet rest

Work missed / left early (hours)

Appointments / activities missed

Help needed from another person

Weekly notes / patterns noticed:



HEADACHE & MIGRAINE LOG

DETAILED HEADACHE EPISODE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

Veteran name

Date

Day of week

EPISODE TIMING & SEVERITY

Start time

End time

Total duration

Peak pain (0-10)

Location of pain

Type: throbbing / pressure / stabbing / other

SYMPTOMS & POSSIBLE TRIGGERS

Symptoms: ☐ Nausea ☐ Vomiting ☐ Light sensitivity ☐ Sound sensitivity ☐ Vision changes ☐ Dizziness ☐ Aura ☐ Weakness/numbness

Triggers: ☐ Stress ☐ Poor sleep ☐ Skipped meal ☐ Dehydration ☐ Weather ☐ Light/noise ☐ Smell ☐ Activity ☐ Unknown ☐ Other

Sleep the night before (hours / quality)

Food, fluid, caffeine, stress, or other notes

TREATMENT & RESPONSE

Medication / treatment and time taken

Relief: none / partial / complete

Time until relief

Side effects

Did symptoms return? When?

FUNCTIONAL IMPACT — DESCRIBE WHAT THE HEADACHE PREVENTED

☐ Normal activity ☐ Reduced activity ☐ Stopped activity ☐ Had to lie down ☐ Dark/quiet room ☐ Needed help ☐ Missed work ☐ Left early

Time spent lying down / resting

Work or activity time lost

Person who observed the episode

Describe the effect on work, household duties, driving, concentration, sleep, family, or social activity: