



HEADACHE ACTION PLAN

GETTING CONTROL OF YOUR HEADACHES

I want to get control of my headaches so I can: _____

Make an appointment with your doctor and take this *Headache Action Plan* with you to your next doctor visit. Tell your doctor about your headache symptoms; frequency of headaches, degree of disability for each headache (had to go home, asked someone to watch kids), what activities have you missed/how often (lost time at work or activities with family and friends, etc.), most troublesome headache symptoms (pounding pain, light sensitivity, nauseous, it lasted XX hours, etc.). Talk to your doctor about options for treating your headaches and use a written list to help you remember to ask *all* your questions.

Signs That I Have A Headache Coming On Are...

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Vision changes | <input type="checkbox"/> Weakness | <input type="checkbox"/> Trouble talking | <input type="checkbox"/> Mood changes |
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Increase in energy | <input type="checkbox"/> Numbness | <input type="checkbox"/> Food cravings |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Other: _____ | | |

Things That Trigger My Headaches Are...

Certain Foods or Drinks:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> MSG | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Breads | <input type="checkbox"/> Caffeine |
| <input type="checkbox"/> Salty snacks | <input type="checkbox"/> Artificial Sweeteners | <input type="checkbox"/> Chocolate | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Sweets/desserts | <input type="checkbox"/> Meats | <input type="checkbox"/> Spices/seasoning | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Fruit | | | |

Exposure to:

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Weather changes | <input type="checkbox"/> Perfumes or odors | <input type="checkbox"/> Bright light | <input type="checkbox"/> Loud noise |
|--|--|---------------------------------------|-------------------------------------|

Feeling:

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Tired | <input type="checkbox"/> Stressed |
|--------------------------------|--------------------------------|-----------------------------------|

Other:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> My menstrual period | <input type="checkbox"/> My eating habits | <input type="checkbox"/> Certain medications | <input type="checkbox"/> Skipping meals |
| <input type="checkbox"/> Too much/too little sleep | <input type="checkbox"/> Other: _____ | | |

My Headache Treatment...

Medication	How much to take	When to take it	Did it work

Things I Can Do To Manage My Headaches...

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Muscle relaxation | <input type="checkbox"/> Trigger avoidance | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Medications on hand | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Moderate activity | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Positive thinking | <input type="checkbox"/> Other: _____ | | |

Being A Partner In My Headache Management...

- Be aware of headache "alarms" that may indicate a more serious condition.
- Plan ahead to avoid a trip to the emergency room, have medications on hand, and pay attention to pre-headache signs.
- Ask for information and help when I need them.
- Take an active role in getting better control of my headaches.