

THE PERMANENTE MEDICAL GROUP: Managing Your Headaches
 My Migraine Headache Action Plan



The action I want to try first is: _____

How Ready Am I?

0	1	2	3	4	5	6	7	8	9	10
<i>Not Ready</i>										<i>Ready</i>

If you chose 0 - 3

What might need to be different for me to consider making a change in the future? Is there something different I feel ready to try right now?

If you chose 4 - 6

What are the pros and cons of making this change? (See "I'm not sure if I'm ready..")

If you chose 7 - 10

What is my goal? (See "I'm ready to take action!" and note your plan below)

My Goal <i>Note what you will do, how long, when and how often you'll do it.</i>	Steps to Success <i>Note ideas for staying on track toward your goal.</i>
Example: <ul style="list-style-type: none"> I will keep a headache diary 	Example : <ul style="list-style-type: none"> Download Headache Diary Write symptoms and headaches in the diary Send or bring diary to my doctor
How I'll reward myself: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	