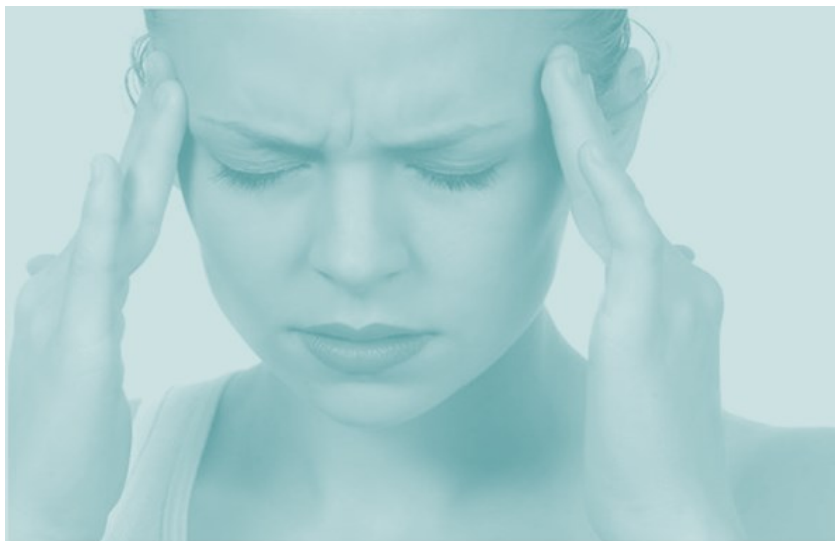


Using a Headache Calendar



One of the most important things you can do to help with your headaches is to keep a Headache Calendar. Doing so will enable you and your provider to determine:

- ♦ The frequency of your headaches,
- ♦ How they respond to treatment, and
- ♦ Your specific headache triggers.

Please be sure to bring your Headache Calendars to every visit. If it is easier to track your headaches on another calendar, on your cell phone, or using an app, that is fine, but please transfer this information to the paper calendar before your visit.

Updated 1/27/2015

How to Keep Your Headache Calendar:

1. Each side represents one month. Write the dates in each of the blocks. When the month is over, turn the calendar over for a new month.
2. If you do not have a headache, leave the day blank.
3. If you have a headache, on the **Purple line**, write in the number that describes the severity of your headache.

#1—Mild. You are aware of the headache, but you are functioning normally.

#2—Moderate. You are functioning to some extent, but not up to par.

#3—Severe. You are disabled with the headache.

4. On the **Red line**, write the medications you used to treat your headache.
5. On the **Green line**, indicate how much relief you received from the medication. The aim is to become pain-free.
6. If you are a menstruating woman, please write an “M” next to the dates when you have your period.
7. At the end of the month, add up the number of #1, #2, and #3 headaches, and record this on the right side.

The Headache Calendar is well worth your time and effort.

Monthly Headache Calendar

Month/Year: _____ Your Name: _____



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SUN MON TUE WED THU FRI SAT

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—	—	—	—	—	—	—

Instructions

Line 1: Severity

1 = Mild
2 = Moderate
3 = Severe

Line 2: Medications taken:

Line 3: Relief

0 = None
1 = Slight relief
2 = Moderate relief
3 = Complete relief

Write "M" next to date if
you have a period

Severity total for month:

1 _____
2 _____
3 _____

Noted triggers:

Monthly Headache Calendar

Month/Year: _____ Your Name: _____



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SUN MON TUE WED THU FRI SAT

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Noted triggers:
