



Your Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### HEADACHE SEVERITY

The calendar is numbered 1-31 for each day of the month. On the days you have headache pain, record in the box the number that describes your headache pain: **0 = no pain; 1 = mild; 2 = moderate; 3 = severe.**

Day of Month	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
Morning																															
Afternoon																															
Evening/Night																															

Day of Month	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
Disability for the Day																															
Triggers																															
Menstrual Periods																															

### DISABILITY

Write a number from 0 to 3 that describes how your headache pain affected your activities for the day: **0 = no effect; 1 = able to carry out your activities fairly well; 2 = you had difficulty with usual activities and cancelled less important ones; 3 = you missed work for at least half the day, or stayed in bed for part of the day.**

### TRIGGERS

Each trigger has been assigned a number (see next page). Record the numbers of the triggers you may have been exposed to on the day of your headache.

### MENSTRUAL PERIODS

Place an "X" on the days you have your period.

## ACUTE MEDICINES

(Medicine taken as needed to treat headache and related symptoms)

On the days you take medicines to relieve your headache pain, write the names of the medicines and the doses in the appropriate box. Place a check for each dose that you take. Also, record a number from 0 to 3 that describes the amount of overall relief you got from the medicine: **0 = no relief; 1 = slight relief; 2 = moderate relief; 3 = complete relief.**

Day of Month	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
Medicine: Dose:																															
Overall Relief:																															
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## CURRENT PREVENTATIVE MEDICINES

List medications you take daily for headache prevention (including dose):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## TRIGGERS

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## COMMENTS:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_