

Headache Diary: Monthly headache calendar



After each headache you experience, use your monthly headache calendar to record the date and time of day of the headache, any medication used to stop the headache, any other symptoms, and, for women, the onset of a menstrual cycle.

Month:

Severity (1 – 10)	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																															
Bedtime																															

Medications	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
1. Doses																															
Relief																															
2. Doses																															
Relief																															
3. Doses																															
Relief																															
4. Doses																															
Relief																															

Relief: 0 = None 1 = Slight Relief 2 = Moderate Relief 3 = Complete Relief

Symptoms	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
Aura:																															
Menstrual period																															
Symptoms																															

Symptoms: 1 = Nausea/Vomiting 2 = Sound/Light Sensitivity 3 = Other: _____ 4 = Other: _____

Disability	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
Went to ER, Urgent Care, or Doc's Office																															
Missed Work, School, or Social Event																															
Disability (0 – 3)																															

Disability: 0 = Normal Function 1 = Mildly Impaired Functioning 2 = Severely Impaired Functioning 3 = Bedrest Required