

Monthly headache calendar

Month and year _____ Name _____

On each headache day write the pain level (0 to 10) and the letter of any medicine you took. Leave headache-free days blank.

1 Pain ____ Medicine ____	2 Pain ____ Medicine ____	3 Pain ____ Medicine ____	4 Pain ____ Medicine ____	5 Pain ____ Medicine ____	6 Pain ____ Medicine ____	7 Pain ____ Medicine ____
8 Pain ____ Medicine ____	9 Pain ____ Medicine ____	10 Pain ____ Medicine ____	11 Pain ____ Medicine ____	12 Pain ____ Medicine ____	13 Pain ____ Medicine ____	14 Pain ____ Medicine ____
15 Pain ____ Medicine ____	16 Pain ____ Medicine ____	17 Pain ____ Medicine ____	18 Pain ____ Medicine ____	19 Pain ____ Medicine ____	20 Pain ____ Medicine ____	21 Pain ____ Medicine ____
22 Pain ____ Medicine ____	23 Pain ____ Medicine ____	24 Pain ____ Medicine ____	25 Pain ____ Medicine ____	26 Pain ____ Medicine ____	27 Pain ____ Medicine ____	28 Pain ____ Medicine ____
29 Pain ____ Medicine ____	30 Pain ____ Medicine ____	31 Pain ____ Medicine ____				

Medicine key

A _____ B _____ C _____ D _____

Days with a headache this month _____ Days you took any medicine _____ Days you had to stop and lie down _____