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 _____

Free printable from madebykamal.app. A personal log to take to your doctor, not medical advice.