

Headache Calendar Instructions

The key to successful headache treatment is YOU! The more involved you become in your treatment, the more likely you are to get relief from your headache pain. The Headache Calendar is your most important tool. It helps you and your doctor track your headaches and how well your treatment is working. It will also help you identify headache triggers that may be causing your headaches. Record your information as accurately and completely as you can. Then bring your Headache Calendar to your next doctor visit.

How to Use the Headache Calendar

The following instructions will explain how to complete each section of the calendar. As you look at the calendar on the next page, you will see numbers from 1 to 31 representing the days of the month.

Headache Severity

In this section, each day is broken down into morning, afternoon, and evening. On the days you have headache pain, write a number in the appropriate box from 1 to 3 that describes your pain: "1"=mild; "2"=moderate; and "3"=severe.

Disability for the Day

Using numbers 0 to 3, record how your headache pain affected your activities for the day. For example "0"= no effect; "1"= you were able to carry out your activities fairly well; "2"= you had difficulty with usual activities and canceled less important ones; and "3" = you missed work for at least half the day, or stayed in bed for part of the day.

Triggers

There are many things that can cause (trigger) a headache. The key on the next page assigns a number to each trigger. For example, chocolate is #6 and strong lights are #23. Record the numbers of the triggers you have been exposed to on the day of your headache.

For Women Only: Menstrual Periods

Some women tend to get headaches around the time of their period. Place and "X" on the days you have your period.

Acute Medicines

Write the names of any medicines you take to relieve your headache pain – including the dose. Below each medicine, use numbers 0 to 3 to indicate the overall level of relief you got from the medicine. For example, "0"= no relief; "1"= slight relief; "2"= moderate relief; and "3"= complete relief.

Preventive Medicines

List the name and dose of any medicines you take to prevent headaches. Every time you take the medicine, check off the day on the calendar.

Overall Severity for This Month

Using a scale of 0 to 10, circle the number that best summarizes the overall severity of your headache problem for the entire month. "0"= no problem; "10"= your headaches were almost unbearable.

Trigger list:

Hormones

- 1 Menses (period)
- 2 Ovulation
- 3 Hormone replacement therapy
- 4 Oral contraceptive

Changes

- 5 Weather
- 6 Seasons
- 7 Travel (cross time zones)
- 8 Altitude
- 9 Schedule changes
- 10 Erratic sleep patterns or changes
- 11 Skipping meals

Diet

- 12 Alcohol
- 13 Chocolate
- 14 Aged Cheeses
- 15 Mono-sodium glutamate (MSG)
- 16 Chinese food
- 17 Prepared foods with spice packets
- 18 Snack foods with flavor powder
- 19 Artificial sweeteners
- 20 Caffeine
- 21 Nuts
- 22 Nitrates (found in hot dogs, bologna, and processed meats)
- 23 All smoked meats (bacon, ham, smoked sausage)
- 24 Citrus fruits

Sensory Stimuli

- 25 Strong lights
- 26 Flickering lights
- 27 Odors

Stress

- 28 Times of intense activity
- 29 Loss (death, separation, divorce)
- 30 Relationship difficulties
- 31 Job stress, loss, or change
- 32 Crisis

Headache Calendar

Your Name: _____ Month: _____ Year: _____

Headache Severity

Day of the 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 the 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																															

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

Acute Medicines

Day of the 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																														
	Relief																														
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Preventive Medicines

Day of the 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:																														
Medicine:	Dose:																														
Medicine:	Dose:																														

Overall Severity for This Month (Circle a number)

0 1 2 3 4 5 6 7 8 9 10