

2021 Headache Diary

Name:

Mark medication changes below each month

January

M	T	W	T	F	S	S
				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

Totals:

February

M	T	W	T	F	S	S
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

Totals:

March

M	T	W	T	F	S	S
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				

Totals:

April

M	T	W	T	F	S	S
				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	

Totals:

May

M	T	W	T	F	S	S
					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						

Totals:

June

M	T	W	T	F	S	S
				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	

Totals:

July

M	T	W	T	F	S	S
				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

Totals:

August

M	T	W	T	F	S	S
						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					

Totals:

September

M	T	W	T	F	S	S
				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	

Totals:

October

M	T	W	T	F	S	S
					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						

Totals:

November

M	T	W	T	F	S	S
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					

Totals:

December

M	T	W	T	F	S	S
					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						

Totals:

Instructions

1. Onset when awake eg. . Onset when asleep eg. .
2. Headache lasting more than one day mark as follows eg. .
3. Strike out headache resolving < 1½ hrs eg. or .
4. Underline dates of your period eg. 17, 18, 19, 20, 21.
5. Lesser headache days mark as 14°. If this resolves < 1½ hrs mark as 28°.
6. If disabled by Headache Episode > 2hrs mark with a red X eg. 30^x.
7. If warning symptoms before retiring to bed mark with a 'W'. eg 23^w.
8. Mark day with * of medication change. Detail in space beneath the month eg. 26*

SAMPLE CALENDAR

M	T	W	T	F	S	S
1	<input type="text" value="2"/>	3	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	9	10	<input type="text" value="11"/>	12	13 ^w	14°
15	<input type="text" value="16"/>	17	18	19	20	21
22	23 ^w	24	25	26*	27	28 ^r
29	<input type="text" value="30"/>	31				

PROPHYLACTIC MEDICATIONS TO TRY	FAILED PROPHYLACTIC MEDICATIONS	ACUTE PHASE THERAPIES	INSTRUCTIONS	INSTRUCTIONS
1.	1.			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
6.	6.			
7.	7.			
8.	8.			
9.	9.			
10.	10.			
11.	11.			
12.	12.			
13.	13.			
14.	14.			
15.	15.			
16.	16.			
17.	17.			
18.	18.			

TO BE COMPLETED BY DOCTOR