

Headache Associates

HEADACHE CALENDAR

Your Name: _____ Month: _____ Year: _____

HEADACHE SEVERITY The calendar is numbered 1-31 for each day of the month. On the days you have headache pain, record in the box the number that describes your headache pain: 0=no pain; 1 = mild; 2 = moderate; 3 = severe.

Day of 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 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																															

Disability

Write a number from 0 to 3 that describes how your headache pain affected your activities for the day: 0 = no effect; 1 = able to carry out your activities fairly well; 2 = you had difficulty with usual activities and cancelled less important ones; 3 = you missed work for at least half the day, or stayed in bed for part of the day.

Triggers

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

Menstrual Periods

Place an "X" on the days you have your period.

ACUTE MEDICINES On the days you take medicines to relieve your headache pain, write the names of the medicines and the doses in the appropriate box. Place a check for each dose you take. Also, record a number from 0 to 3 that describes the amount of overall relief you got from the medicine: 0 = no relief; 1 = slight relief; 2 = moderate relief; 3 = complete relief.

Day of 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:																															
Overall Relief																															
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PREVENTIVE MEDICINES If your doctor has prescribed preventive medicines for you, check off the day on the calendar every time you take a medicine and note when you stop/start medications.

Day of 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 one number

0	1	2	3	4	5	6	7	8	9	10
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No problem

Almost unbearable

MONITORING YOUR HEADACHES

You are about to use a very effective tool - the *Headache Calendar* - to help you and your healthcare provider find out what may be causing your headaches. By recording when you get your headaches, what medicines you took to relieve them, and possible headache triggers, you may begin to see a pattern over time. Your healthcare provider will also be able to see how well your headache medications are working. Bring these calendars with you to every visit for review and discussion.

Items/Questions for Discussion at next Visit:

HEADACHE TRIGGERS

Below are many of the things that can cause (trigger) headaches. Each trigger is assigned a number. For example, chocolate is No. 6 and strong lights is No. 23. Use the trigger number to record triggers on the *Headache Calendar*.

Headache Triggers	
Hormones	
1. Menses (period)	17. Travel (crossing a time zone)
2. Ovulation	18. Altitude
3. Hormone replacement therapy	19. Schedule changes
4. Oral contraceptives	20. Sleeping patterns (too little, too much, or changes in usual pattern)
Diet	
5. Alcohol (especially beer and red wine)	21. Diet
6. Chocolate	22. Skipping meals
7. Aged cheeses (cheddar, gruyere, brie, camembert)	Sensory Stimuli
8. Monosodium glutamate (MSG) - common in Chinese food	23. Strong lights
9. Artificial sweeteners	24. Flickering lights
10. Caffeine	25. Odors
11. Nuts	Stress
12. Nitrates and nitrites (found in hot dogs, bologna, and other processed meats)	26. Let-down periods (vacations, weekends, after a major event)
13. Citrus fruits (grapefruit, oranges, lemons and their juices)	27. Times of intense activity
14. Other: _____	28. Loss (death, separation, divorce)
Changes	29. Relationship difficulties
15. Weather	30. Job stress, loss, or change
16. Seasons	31. Crisis
	32. Other: _____