

Monthly Headache Calendar



Associated Neurologists, P.C.

Danbury • Southbury • Waterbury

Month/Year: _____ Your Name: _____

SUN MON TUE WED THU FRI SAT

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Instructions

Line 1: Severity
 1 = Mild
 2 = Moderate
 3 = Severe

Line 2: Medications taken:

Line 3: Relief
 0 = None
 1 = Slight relief
 2 = Moderate relief
 3 = Complete relief

Write "M" next to date if you have a period

Severity total for month:
 1 _____
 2 _____
 3 _____

Noted triggers:

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