Monthly Headache Calendar

Name/last 4: _____ Month/Year: _____

Outpatient Neurology
(910)-907-8460
Bldg.-4 2817 Riley Rd
Fort Bragg, NC 28310

	Date	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
Headache Severity	*Morning*																															
	Afternoon																															
	Evening/Night																															

Scale of 0 - 3 No pain = 0 1 2 3 = Pain as bad as it can be

SYMPTOMATIC MEDICATIONS (Tablets/Injections/Nasal Sprays/Suppositories) Abortives.

Instructions:

LIMITS:

Name:	Dose:																															
	Overall Relief																															
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	Overall Relief																															

Relief: 0 - 1 - 2 - 3 0 = None 1 = Slight Relief 2 = Moderate Relief 3 = Complete Relief

PREVENTATIVE MEDICATIONS

Instructions:

Name:	Dose:																															
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Name:	Dose:																															

Females ONLY:

MENSTRUAL PERIODS																																
TRIGGERS (See Back of Pg.)																																
DISABILITY FOR THE DAY																																

0 = NONE 1 = ABLE TO CARRY OUT ACTIVITIES FAIRLY WELL 2 = DIFFICULTY WITH USUAL ACTIVITY, MAY CANCEL LESS IMPORTANT ONES
3 = HAVE TO MISS WORK (AT LEAST HALF OF THE DAY) OR GO TO BED FOR PART OF THE DAY

PLEASE INDICATE THE OVERALL SEVERITY OF YOUR HEADACHE PROBLEM OVER THE PAST MONTH (CIRCLE ONE):

No problem 0 1 2 3 4 5 *6 7 8 9 10 Very Bad (Almost Unbearable)

ER visit via EMS.
Debilitating. You are unable to care for self.