HEADACHE WELLNESS CENTER -- HEADACHE CALENDER

*Name:*_____

*Month/year:*_____

SEVERITY:

o headache
1. Mild
2. Moderate
3. Severe

N. nausea
V. vomiting
L. lights
N. noise

TRIGGERS:

a. Food/drink
b .missing meal
c. l ack of sleep
d. oversleep

e. weather
f. vacation
g. special event
h.exertion

K. . physical illness
L. stress "release"
*M.*_____
*N .*_____

EXAMPLES:

1. 3/V/L
2pm / lasted 6 hrs.
Missing meal
Imitrex 50 mg

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Severity							
Onset Time/Duration							
Triggers							
Medication							

Please Circle the dates of your Menstrual Period