

2024 HEADACHE DIARY

Mark medication changes below each month

NAME: _____

DATE: _____

January						
Su	M	Tu	W	Th	F	Sa
	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			

February						
Su	M	Tu	W	Th	F	Sa
				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		

March						
Su	M	Tu	W	Th	F	Sa
					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						

April						
Su	M	Tu	W	Th	F	Sa
	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				

May						
Su	M	Tu	W	Th	F	Sa
			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	

June						
Su	M	Tu	W	Th	F	Sa
						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: _____

Totals: _____

Totals: _____

Totals: _____

Totals: _____

Totals: _____

July						
Su	M	Tu	W	Th	F	Sa
	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			

August						
Su	M	Tu	W	Th	F	Sa
				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

September						
Su	M	Tu	W	Th	F	Sa
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					

October						
Su	M	Tu	W	Th	F	Sa
		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		

November						
Su	M	Tu	W	Th	F	Sa
					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

December						
Su	M	Tu	W	Th	F	Sa
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: _____

Totals: _____

Totals: _____

Totals: _____

Totals: _____

Totals: _____

Instructions

- Onset when awake eg. (11). Onset when asleep eg. [2]
- Headaches lasting more than one day mark as follows eg. [4,5,6,7]
- Strike out headache resolving < 1hrs eg. (8) or [~~16~~]
Lorem ipsum
- Underline dates of your period 17, 18, 19, 20, 21
- Lesser headache days mark as 14. If this resolves < 1½ hrs mark as 28^p.
- If disabled by Headache Episode > 2hrs mark with a X eg. 30^x.
- If warning symptoms before retiring to bed mark with a 'W'. eg 23^w
- Mark day with * of medication change. Detail in space beneath the month eg. 26*

Sample Calendar

M	T	W	T	F	S	S
1	[2]	3	[4]	5	6	7
(8)	9	10	(11)	12	13	14 ^p
15	[16]	17	18	19	20	21
22	23 ^w	24	25	26*	27	28 ^p
29	[30 ^x]	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