

Month / Year: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Severity: M/Mo/S	<input type="checkbox"/>						
Treatment: E/L/N	<input type="checkbox"/>						
Effective? Y/N	<input type="checkbox"/>						
Total Duration	<input type="checkbox"/>						
Severity: M/Mo/S	<input type="checkbox"/>						
Treatment: E/L/N	<input type="checkbox"/>						
Effective? Y/N	<input type="checkbox"/>						
Total Duration	<input type="checkbox"/>						
Severity: M/Mo/S	<input type="checkbox"/>						
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Total Duration	<input type="checkbox"/>						
Severity: M/Mo/S	<input type="checkbox"/>						
Treatment: E/L/N	<input type="checkbox"/>						
Effective? Y/N	<input type="checkbox"/>						
Total Duration	<input type="checkbox"/>						
Severity: M/Mo/S	<input type="checkbox"/>						
Treatment: E/L/N	<input type="checkbox"/>						
Effective? Y/N	<input type="checkbox"/>						
Total Duration	<input type="checkbox"/>						

} Fill the date in the shaded box

**\*Menstruating females**  
Please circle the date in shaded box if you had your period that day

**Severity:**

**M = Mild** (able to carry out activities fairly well)

**Mo = Moderate** (I have difficulty with usual activity)

**S = Severe** (I miss work/go to sleep for part of the day)

**Treatment:**

E = Treated early (within 30 minutes of headache)

L = Treated late (greater than 30 minutes from headache onset) N = Not treated

**Effective:**

Y = Headache-Free or Moderate Headache Relief within 2 hours N = Mild or No headache relief within 2 hours

**EXAMPLE: Month / Year: April 2020**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Severity: M/Mo/S			1	2	3	4	5
Treatment: E/L/N				9 !&HmYbc`			B
Effective? Y/N				Y			B#5
Total Duration				2 Hours - 50% better			' <ci fg
Severity: M/Mo/S	6	7	8	9	10	11	12
Treatment: E/L/N	L !&HmYbc`		9 !&HmYbc`				B
Effective? Y/N	N		Y				B#5
Total Duration	8 Hours		2 Hours - 70% better				, ' <ci fg
Severity: M/Mo/S	13	14	15	16	17	18	19
Treatment: E/L/N	L !1' HmYbc`	B					9 !&HmYbc`
Effective? Y/N	N	B#5					Y
Total Duration	2 Hours - 20% better	' <ci fg					1 Hour
Severity: M/Mo/S	20	21	22	23	24	25	26
Treatment: E/L/N		L !1' HmYbc`				9 !&HmYbc`	
Effective? Y/N		N				Y	
Total Duration		4 Hours				2 Hours	
Severity: M/Mo/S	27	28	29	30			
Treatment: E/L/N	L !1' HmYbc`	N	E !2 HmYbc`				
Effective? Y/N	N	B#5	Y				
Total Duration	4 Hours	8+ ' <ci fg	2 Hours				

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