



Dr. Michael Stein
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Headache Calendar

Baseline HA Index
 (For Doctor Use Only)
 Severe:
 Moderate:
 Mild:

Name: _____ Month: _____ Year: _____

HEADACHE INTENSITY	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
	Morning:																															
	Afternoon:																															
	Evenings/Night																															

Pain: 0-1-2-3 (Circle one): No pain = 0 1 2 3 = Pain as bad as it can be

LIMITS:

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

Instructions: Record # of mg of each type of pill and the number of pills used

Name:	Dose:																															
	Overall Relief:																															
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Relief: 0 - 1 - 2 - 3 (Circle one) 0 = None 1 = Slight Relief 2 = Moderate Relief 3 = Complete Relief

PREVENTATIVE MEDICATIONS

Instructions: Record # of mg of each type of pill and the number of pills used

Name:	Dose:																														

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)



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HEADACHE TRIGGERS

Insert trigger number(s) for each day on the table on the other side.

Hormones

1. Menses
2. Ovulation
3. Hormone Replacement Therapy

Diet

4. Alcohol
5. Chocolate
6. Aged Cheeses
7. Monosodium Glutamate (MSG)
8. Aspartame (NutraSweet/Equal)
9. Caffeine
10. Nuts
11. Nitrites, Nitrates
12. Citrus Fruits
13. Other

Changes

14. Weather
15. Seasons
16. Travel
17. Altitude
18. Schedule Changes
19. Sleeping Patterns (Too little/too much)
20. Diet
21. Skipping Meals

Sensory Stimuli

22. Strong Light
23. Flickering Lights

“Stress”

24. Let-Down Periods
25. Intense Activity
26. Loss (Death, Separation, Divorce)
27. Relationship Difficulties
28. Job Loss/Change
29. Crisis
30. Other