

University of Michigan Pediatric Neurology Headache Calendar

Your name: _____

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Instructions:

Enter the date in the upper right-hand corner of each box. For each day in which you have a headache, enter:

- **S:** 1-10 for maximum severity
- **D:** and a number for duration in hours
- Codes for other symptoms (**N**ausea, **V**isual **C**hanges, **L**ight **S**ensitivity, **N**oise **S**ensitivity, etc.)
- Pain medications used.

Circle the days in which you missed school.

For example:

S:6	18
D: 3 hrs	
N, VC, LS	
Ibupr 400 mg x 1	

****PLEASE BRING THIS CALENDAR TO THE APPOINTMENT WITH YOU.****