

Headache Medication-Days Record

A neutral monthly count of days on which acute medication was used

MONTHLY CALENDAR

Month and year

Medication days

SUN	MON	TUE	WED	THU	FRI	SAT
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				

My medication labels or abbreviations

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MONTHLY NOTES

Medication-day details

Date	My label	Repeat use / relief notes

What I noticed this month

Questions for my healthcare professional