Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Patient Headache Calendar

Return completed forms to:
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The Headache Center at Jefferson Health
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www.myheadachedoctor.com

Day of the Month	**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**
Check √ if Headache																															
Peak Pain 1 = Mild 2 = Moderate 3 = Severe 4 = Can't bear it																															
Average Pain (1 to 4)																															
Level of **Disability** N = Normal R = Reduced I = Incapacitated																															
Onset of Pain (**A**m,**P**m,**E**ve,**S**leep)																															
Hours of Pain																															
Associated Symptoms? Aura? (A) Nausea? (N) Vomiting? (V)																															
Acute **Treatment?** **(**N = None, #1,2,3**)** #1_____ #2_____ #3_____																															
Relief? Y = Yes N = No																															
Menses? √ days																															

NAME: _____ MONTH: _____ YEAR: _____