



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:

- x S: 10000
- x D: and a number for duration in hours
- x Codes for other symptoms (Nausea, Visual Changes, Light Sensitivity, Noise Sensitivity, etc.)
- x Medication used
- x treatment

For example:

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