

Headache calendar

Name _____

Year _____

Mark all the medicines you use to treat headaches.

For example, Paracetamol 500 mg.

1. _____
2. _____
3. _____
4. _____
5. _____

Please, indicate the following:

1) Headache type:

M-Migraine

T- Tension-type headache

C- Cluster headache

T- Trigeminal neuralgia

2) Headache intensity 1-10 points.

0- no pain, 10- most severe pain



3) The medication and its dosage.

For example, Paracetamol 500 mg.
mark as: P2

Complete calendar every evening!

	Janvāris	Februāris	Marts	Aprīlis	Maijs	Jūnijs	
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31

	Jūlijs	Augusts	Septembris	Oktobris	Novembris	Decembris	
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
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28							28
29							29
30							30
31							31