# Migraine Calendar



One square per day. Mark it the same evening, including the good days — the blank squares are what turn this into a count. Add the three totals at the end of each 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 | MIGRAINE DAYS | HEADACHE DAYS | MED DAYS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**M** migraine · **H** other headache · **circle the letter** if you took acute medication (painkiller, triptan or gepant) that day · leave pain-free days blank. An attack that crosses midnight is **two** migraine days.

A record, not a diagnosis. Bring it to your GP or neurologist — the three totals are what they ask for.

**Rather use your phone? Scan for Migraine Journal.**
Same record on iPhone, added up for you. Free to track.
migrainejournal.app · free to print and share

# Migraine Calendar



For the months you want more detail. Write the date in each box's corner, note the peak severity and tick if you took acute medication. Print one per month.

| MON | TUE | WED | THU | FRI | SAT | SUN |
|---|---|---|---|---|---|---|
| Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ |
| Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ |
| Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ |
| Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ |
| Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ | Sev ___ /10 Meds □ |

**MIGRAINE DAYS THIS MONTH**

**ALL HEADACHE DAYS**

**ACUTE MEDICATION DAYS**

**DAYS MISSED OR CUT SHORT**

Count days, not attacks: a two-day attack is two migraine days.

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