

Monthly migraine tracker

A month at a glance. Mark each day, then use a diary entry for the details.

Month / year

Name or initials (optional)

1 Pain: ____ Meds: ____	2 Pain: ____ Meds: ____	3 Pain: ____ Meds: ____	4 Pain: ____ Meds: ____	5 Pain: ____ Meds: ____	6 Pain: ____ Meds: ____	7 Pain: ____ Meds: ____
8 Pain: ____ Meds: ____	9 Pain: ____ Meds: ____	10 Pain: ____ Meds: ____	11 Pain: ____ Meds: ____	12 Pain: ____ Meds: ____	13 Pain: ____ Meds: ____	14 Pain: ____ Meds: ____
15 Pain: ____ Meds: ____	16 Pain: ____ Meds: ____	17 Pain: ____ Meds: ____	18 Pain: ____ Meds: ____	19 Pain: ____ Meds: ____	20 Pain: ____ Meds: ____	21 Pain: ____ Meds: ____
22 Pain: ____ Meds: ____	23 Pain: ____ Meds: ____	24 Pain: ____ Meds: ____	25 Pain: ____ Meds: ____	26 Pain: ____ Meds: ____	27 Pain: ____ Meds: ____	28 Pain: ____ Meds: ____
29 Pain: ____ Meds: ____	30 Pain: ____ Meds: ____	31 Pain: ____ Meds: ____				

YOUR KEY

Pain: use 1-10, or write 0 for no headache. Meds: mark if you took medicine that day.

Cross out dates that do not occur this month. Blank means not recorded.

Patterns, notes or questions