

**MIGRAINE MEDICATION RESPONSE CALENDAR**

- Fill out dates and response to treatments tried
- Use the following pain scale:
  - 0 = no pain
  - 1 = mild pain, no dysfunction; May or may not take meds
  - 2 = moderate pain, some dysfunction; takes medication but still performs activity
  - 3 = severe pain, unable to function; takes medications and must stop activity

DATE	TIME of Severe HA Onset	HA pain & location	Headache Severity 1 = mild 2 = mod 3 = severe	Aura Nausea Vomits Light or sound sensitive	Loss of function ie. Missed school	TIME of first med	NAME of first medicine, dose & form	TIME of improve-ment HA = 2	TIME of improve-ment HA = 1	TIME of improve-ment HA = 0	NO Better TIME 2 <sup>nd</sup> Med	NAME of second medicine, dose & form	TIME of No HA HA = 0