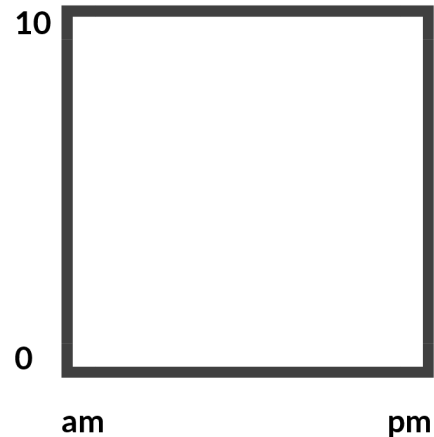


Headache/Seizure Calendar

Month _____

Patient _____



| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
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Migraine Instructions

1. Graph migraines daily (usually once at the end of the day)
2. Note if medication taken to relieve migraine

Seizure Instructions

1. Mark day with time, type (generalized, staring, drop), and associated trigger (food, stress, low sugar)