

Monthly Headache Diary

| Date | Start Time (am or pm) | Duration | Severity of pain #1 | Triggers #2 | Food & Drink #3 | Medication taken & Dosage | Non-Medicati on approach | Relief of headache #4 |
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#1 Severity Scale 1-10

1= None 10=Severe

#2- Psychological n Physical Factors

1. Strenuous work/study
2. Strenuous exercise
3. Pushing self too hard
4. Emotional upset/family or friends
5. Vacation days
6. Weekends
7. New move

8. Menstrual Days

9. Physical illness
10. Oversleeping
11. Too little sleep
12. Weather
13. Fasting
14. Missing a meal
15. Insufficient rest
16. Other

#3 Food and Drink

- A. Chocolate

B. Nuts

- C. Caffeinated Drinks
- D. Preserved Meats
- E. Canned Foods
- F. Other

#4 Relief Scale

1-Complete 2= Partial
3= No