



Headache Australia Chronic Headache & Migraine Diary - Women

Name: _____ Month: _____ Year: _____

Medication Taken: Name: _____ Dose: _____

Hormonal Treatments: _____

Day	Day of Week	Time Attack Starts	Did you have An Attack? Headache/Migraine	Possible Trigger(s)?	Severity: Mild Moderate Severe	Feel Sick? Yes/No	Vomit Yes/No	Medications Taken?			Hormones Taken? Yes/No
								Medication Name	Time Taken	Dose	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											



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								Medication Name	Time Taken	Dose	
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

Trigger examples: changes to usual routine, skipped meals, missed exercise class, overslept - on weekend, late to bed, ate different type of food.