

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:	Feel Sick? Yes/No	Vomit Yes/No	Medications Taken?			Hormones
					Mild Moderate Severe			Medication Name	Time Taken	Dose	Taken? Yes/No
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

For more information on headaches and migraines, visit the Headache Australia website www.headacheaustralia.org.au.



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Day	Day of	Time	Did you have	Possible Trigger(s)?	Severity:	Feel	Vomit	Medications Taken?			Hormones
	Week	Attack Starts	An Attack? Headache/Migraine		Mild Moderate	Sick? Yes/No	Yes/No	Medication Name	Time Taken	Dose	Taken? Yes/No
10					Severe						
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.