

# Monthly Headache Diary

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Duration (hrs)	Severity (1-10)	Nausea (n) Vomiting (v)	Cancelled activity eg. Work, social (Y/N)	Painkiller/Triptan used	Notes (e.g. triggers, period, changes in preventatives, side effects etc.)
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