

# Monthly headache diary

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Date	Day	Time	Severity (1-10)	Duration (min / hrs)	Nausea (N) / Vomiting (V)	Painkillers (Name / Dose)	Notes (e.g. triggers, period, changes in preventatives, side effects etc.)
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