Headache Diary			Name:	Dates:				
Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Sleep	Hours:							
How many hours?	Quality:							
How well did you sleep?								
Time you got up?	Got up:							
Headache – when,	Start:							
type of pain, location,	Type:							
describe it, any other comments?	Describe:							
Pain Level - how bad?								
(Scale 1 -10)								
Headache – how long?								
Activity levels (how								
many minutes								
physical activity did								
you do today? Type?)								
Regular meals –	Bkft:							
oreakfast, lunch,	Lunch:							
dinner	Dinner:							
See notes 1 & 2)	Snacks:							
Medications,								
supplements, etc								
Alcohol & Caffeine	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine	Caffeine:	
How many of each?)								
See Note 3)	Alcohol:							
Stress levels for day								
1 = high, 5 = low)								
Feelings - happy, sad,								
angry, anxious,								
depressed?								
Any other comments,								
possible triggers?								

Note 1 - Meals - Score 0 if skipped meal, 1 = unhealthy meal eg high fat, sugar or takeaways through to 5 = healthy meal, small portions, fruit/veg, little processed foods

Note 2 - Snacks - Score 1 = unhealthy snacks (eg biscuits, cake, chips, fizz); Score 2 = excess snacks; Score 3 = reasonable snacks; 4 = healthy snacks; 5 = no snacks

Note 3 - Alcohol – Record in units. One unit = 10g of alcohol = 100ml of wine, 330ml of beer, etc. More at www.alcohol.org.nz/alcohol-you/whats-standard-drink

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Alcohol & Caffeine	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine:	Caffeine	Caffeine:
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