

NAME: _____

Courtesy of
PHOENIX HEADACHE INSTITUTE

MONTH: _____ YEAR: 20____

																																NOTES:	
FOOD:																																	
Skipping Meals																																	
Dehydration																																	
Alcohol																																	
Excessive Caffeine / Lack of Caffeine																																	
"Specialty" Coffee (Starbucks, Dutch Brothers, Etc.)																																	
Artificial Sweeteners																																	
Excessive Sweets / Sugar																																	
Chocolate																																	
Milk / Coffee Creamer																																	
Yogurt																																	
Cheese																																	
Sour Cream																																	
Lunch Meat																																	
Bacon																																	
Hot Dogs / Sausage																																	
Smoked or Pickled Meat / Fish																																	
Citrus (Oranges [OJ], Limes, Lemons, Pineapples, Etc.)																																	
Bananas																																	
Rasberries																																	
Avacados / Guacamole																																	
Onions																																	
Cabbage / Sauerkraut																																	
Tomatoes (pizza sauce, spaghetti sauce, etc.)																																	
Mushrooms																																	
Beans (burritos, chili, salads, etc.)																																	
Fresh bread (bagels, pizza, donuts, etc.)																																	
Nuts (peanuts, almonds, almond milk, etc.)																																	
Vinegar																																	
Salad Dressing																																	
Soy Products (milk, edamame, soy sauce, etc.)																																	
Monosodium Glutamate (MSG)																																	
Butylated hydroxyanisole / hydroxytolulene (BHA & BHT)																																	
EXTERNAL ENVIRONMENT:																																NOTES:	
Weather Fronts (Monsoon storm, dust storm, etc.)																																	
Flying																																	
Driving Associated with Altitude Change																																	
Vacationing at High Altitude																																	
Smog / Pollution / "High Ozone" Day																																	
Bright Light / Reflections (sunlight, fluorescent bulbs, etc.)																																	
Complex visual Patterns (ceiling fans, blinds, etc.)																																	
Heat (summer day, sauna, etc.)																																	
Loud / High-Pitched Noises (traffic, music, tools, etc.)																																	
Perfumes/Cologne																																	
Scented Candles / Air Fresheners																																	
Cigarette/Cigar Smoke																																	
Gasoline/Diesel Fumes and Auto Exhaust																																	
Household/Car Cleaners																																	
INTERNAL ENVIRONMENT:																																NOTES:	
Lack of Sleep / Poor Sleep																																	
Prolonged Sleep or Napping																																	
Running Late / Feeling Rushed																																	
Change from Daily Routine																																	
Argument with Family/Friend/Co-Worker																																	
Major Life Event (job change, death in family, etc.)																																	
Crying or Laughing																																	
Relaxation Time (weekend, vacation, etc.)																																	
Exercise / Physical Exertion																																	
New Medication or Change to an Existing Medication																																	
Mid-Menstrual Period (Ovulation)																																	
Menstrual Period																																	
CALENDAR DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DATE OF WEEK																																	