

Date/Time Headache Started	How Long did the pain last?	Where did you feel pain?	Headache Severity 1-2-3	What did you do to relieve the pain?	How long did it take?	Day of menstrual cycle?	Stress Level 1-2-3	Weather Change? Yes or No	Possible Trigger? (Food, Caffeine, etc.)
									
									
									
									
									
									
									