

To find out if you have menstrual migraines, copy the monthly calendar below so that you can track your periods, headaches, and possible triggers over a period of 3 to 6 months. Write in the days of the month in the smaller squared boxes.

Mark directly on the calendar the first and last day of your period, the day(s) you experience a headache or migraine; the pain intensity using a scale of 0 to 3 (0=No headache; 1=Mild; 2=Moderate; 3=Severe); and any possible triggers(s). See below for possible triggers and note the corresponding letter on the calendar if applicable. Bring the completed calendar(s) to your healthcare provider for a consultation.

Month/Year _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Indicate on the calendar which trigger(s) you experience during the month.

- A) Skipping meals
- B) Overuse of over-the-counter medications and/or headache medications
- C) Changes in sleep patterns
- D) Smoke, smog, or perfumes
- E) Airplane travel

- F) Physical activity/overexertion
- G) Light
- H) Mental stress
- I) Fatigue
- J) Certain foods and beverages (including, among others, chocolate, alcohol, caffeine, and aged cheeses)
- K) Other _____