NAME:_____

Courtesy of
PHOENIX HEADACHE INSTITUTE

MONTH:_____YEAR: 20_____

FOOD:																														NOTES:
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 (milh, 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 EMVIRONMENT:																														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																															

ENHANCER/TRIGGER TRACKER

RISE TO FREEDOM

480.961.2365