## **Migraine Diary**

	Date	Headache Start Time	Headache Stop Time	Severity (0-4Scale) 0=None 1=Mild 2=Moderate 3=Severe	Associated Symptoms (0-4 Scale) 0=None 1=Nausea 2=Vomiting 3=Photophobia 4=Phonophobia	Disability (0-3 Scale) 0=None 1=Mild 2=Moderate 3=Severe	Medications taken to relieve headache	Any Known Triggers
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								