Migraine Tracker

SlapDashMom.com

DATE: ____________

Migraine Start Time:

WEATHER:

______ °

Time	Foods Eaten	Activities Done	Medicines Taken	Pain level 1-10 Pain Type	What Helped?

Notes:

Pain Location	Symptoms	Additional Notes
	☐ Aura ☐ Distorted Vision ☐ Dizziness ☐ Irritability ☐ Light-headedness ☐ Light Sensitivity ☐ Malaise ☐ Nasal Congestion ☐ Nausea/Vomiting ☐ Sound Sensitivity ☐ Tender Scalp	