

Migraine Diary for (Name)

Date	P period	H (headache) M (migraine) CSF (completely symptom free)	Aura With Migraine Y/N	Headache Intensity 1-5	Nausea 1-5 Vomit Y/N	Photo phobia 1-5	Abdominal discomfort or bloating	Jaw clenching or grinding 1-5	Brain Fog 1-5	Mood 1-5 1=good 5=bad			Other symptoms eg visual disturbance, numbness	Medication taken to stop attack (Triptan? which Painkiller?)	Did meds stop attack Y/N
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