

Appendix 15 - Weekly Migraine Log

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATES							
What I ate before my headache							
How many hours I slept last night							
Activities of the day							
Temperature, humidity, barometric pressure							
Rate the severity of your pain (0 to 10)							
Describe the type of pain (stabbing, band-like, throbbing) and its location (temples?)							
Note any other symptoms (nausea, aura, et.)							
Treatments (and doses)							
Note how long it took for you to get relief.							

You can download a free app to track your headaches, remember your medications and coordinate with your healthcare team by texting “MIGRAINE” to 41411.