

MIGRAINE TRACKING CALENDAR

Duration should include first to last symptom, not just headache

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Duration: _____hr(s) Treatment(s): Impact: <i>Low High</i> Triggers: | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> |
| Duration: _____hr(s) Treatment(s): Impact: <i>Low High</i> Triggers: | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> |
| Duration: _____hr(s) Treatment(s): Impact: <i>Low High</i> Triggers: | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> |
| Duration: _____hr(s) Treatment(s): Impact: <i>Low High</i> Triggers: | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> |
| Duration: _____hr(s) Treatment(s): Impact: <i>Low High</i> Triggers: | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> | _____hr(s) <i>Low High</i> |

| Treatments used | Dosage used |
|-----------------|-------------|
| A: | |
| B: | |
| C: | |
| D: | |
| E: | |

| Triggers | |
|----------|----|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |