

# - MIGRAINE DIARY -

DATE					
Start/End Time (comes and goes?)					
Rate Pain Intensity (1-10 worst)					
Any warning signs? (Aura?)					
Describe pain (Sharp, shooting, pressure, throbbing)					
Possible Triggers					
Medication and dosage					
Relief (complete, moderate, none)					
Other symptoms? (Nausea, light sensitivity, vomiting)					

**Notes:**