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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Intensity (1-10) Most Severe is 10 | Triggers(e.g. stressful event, coffee, weather, light) | Symptoms (e.g. dull pain, aura, sensitivity to sound, nausea, insomnia) | Location of Pain | Treatment(e.g. medication and dosage, sleep, hydration, stress reduction tools) | ReliefComplete/Some/None | Duration |
|  |  |  |  |  | A close up of a person  AI-generated content may be incorrect. |  |  |  |
|  |  |  |  |  | A close up of a person  AI-generated content may be incorrect. |  |  |  |
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|  |  |  |  |  | A close up of a person  AI-generated content may be incorrect. |  |  |  |
| ***References:*** *The American Migraine Foundation.* [*americanmigrainefoundation.org*](https://americanmigrainefoundation.org/)*The National Headache Foundation.* [*headaches.org*](https://headaches.org/) |