



Green headache: I can still go

Yellow headache: I have to slow down

Red headache: I have to stop

	Week One							Week Two						
Migraine Headache Pain Severity (use colored stickers)														
Symptoms (mark an "X" in the row that best describes the signs or symptoms experienced)														
Aura														
Nausea														
Vomiting														
Sensitivity to light and/or sound														
Inability to work/function														
Throbbing Pain														
Other: _____														
Triggers (mark an "X" in the row that best describes the triggers experienced)														
Stress														
Changes in Sleep														
Food/Caffeine														
Hormonal Changes														
Weather/seasonal changes														
Other: _____														
Medication use (record the name and dose of medication and mark an "X" in the column of the date it is taken)														
Medication														
Behaviors														
Hydration > 4 cups														
Morning Protein (yes/no)														
Quality sleep (yes/no)														