<table>
<thead>
<tr>
<th></th>
<th>Migraine Headache</th>
<th>Pain Severity (use colored stickers)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green headache:</strong></td>
<td>I can still go</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yellow headache:</strong></td>
<td>I have to slow down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Red headache:</strong></td>
<td>I have to stop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Medication</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### Behaviors

- Hydration > 4 cups
- Morning Protein (yes/no)
- Quality sleep (yes/no)