healthywomen Migraine Journal

J	ournal	Entry
$\boldsymbol{\mathcal{L}}$		

Journal Entry	Date	
	Time of day	
Weather	Sleep	C ⁺ +
Stressors		F
Food		
Prodrome symptoms (sensitivity to light/sound/smells, mood changes,	yawning, etc.)	Pain Intensity (1-10 scale)
Symptoms	Q	Duration (how long)
Medication (what you took/how many doses)		

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