

Track Your Headaches

Print out this form and record your headaches. Take it with you to your next doctor's appointment to discuss migraines and your treatment options. (If you don't have an appointment scheduled, call to set one up.)



Date: _____

Symptoms: _____

What area of the head: _____

How long it lasted: _____

How severe it was: 1 2 3 4 5

What may have triggered it _____

