# HEADACHE AND MIGRAINE DIARY

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**NAME:** YEAR: MONTH:

| DATE | AURA Tick if Yes | HEADACHE (H) MIGRAINE (M) | SEVERITY Mild/ Moderate/ Severe | NAUSEA Tick if Yes | VOMIT Tick if Yes | SENSITIVE TO LIGHT Tick if Yes | FUNCTION N = normal L = limited B = bedrest | MEDICATION TAKEN | | | MEDICATION TAKEN | | | PERIOD Tick if Yes |
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**IF USING THE COMBINED PILL PLEASE PUT A X IN THE 'PERIOD' COLUMN FOR EACH DAY PILL IS TAKEN AND A TICK FOR ANY VAGINAL BLEEDING**