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		
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