

MIGRAINE MEDICATION LOG

Effectiveness & Symptom Tracker

Name: _____ Month: _____

DATE/TIME	MEDICATION/DOSE	PAIN START (1-10)	TRIGGERS/NOTES	RELIEF TIME	PAIN END (1- 10)	EFFECTIVENESS / SIDE EFFECTS
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Pain Scale: 1 (Mild) - 10 (Emergency) **Effectiveness:** Full Relief Partial No Change Worse

Note: Bring this log to your next appointment to discuss treatment adjustments with your healthcare provider.