

MIGRAINE AURA TRACKER

Template Ref: V-092

Name: _____

Date of Episode: _____

AURA CHARACTERISTICS

SYMPTOMS DESCRIPTION

Scintillating

Notes:

Zig-zag

Blind Spots

Tunnel Vision

Static/Fog

Shimmering

VISUAL PROGRESSION MAP

Sketch the visual disturbance at different intervals:

START (+0 MIN)

PEAK (+15 MIN)

END (+__ MIN)

ASSOCIATED SENSATIONS

Numbness (Face/Arm)

Difficulty Speaking

Dizziness/Vertigo

Confusion

Weakness

Light Sensitivity

Physician/Clinic Notes: