

MIGRAINE & SLEEP PATTERN ANALYSIS

Month: _____ 20__

Patient Name:

Primary Trigger:

Medication:

Date	Sleep Habits		Migraine Tracking		Notes (Triggers, Diet, Weather)
	Bedtime / Wake	Quality (1-5)	Intensity (1-10)	Time of Onset	

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	Bedtime / Wake	Quality (1-5)	Intensity (1-10)	Time of Onset	

Intensity: 1-3 Mild, 4-6 Moderate, 7-9 Severe, 10 Emergency
Quality: 1 (Poor) - 5 (Restorative)