

PEDIATRIC MIGRAINE TRACKER

Month/Year: _____

Child's Name: _____

Date of Birth: _____

Physician: _____

Date/Time	Severity (1-10)	Location of Pain	Symptoms (Nausea, Light sensitivity, etc.)	Possible Triggers (Food, Sleep, Stress)	Medication / Relief Used	Duration
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Pain Scale Guide: 1-3: Mild (Can still play) | 4-6: Moderate (Needs to sit still/rest) | 7-9: Severe (Must stay in dark room/crying) | 10: Emergency

Additional Observations (Changes in mood, aura, vision changes):

This tracker is for personal record-keeping and should be shared with your healthcare provider.