

MIGRAINE & CYCLE TRACKER

Month/Year:

Name:

Total Migraine Days:

Day

Menstrual Cycle

Migraine Day

Intensity: 1 (Mild) - 5 (Severe)

DAY	CYCLE	MIGRAINE (1-5)	AURA?	TRIGGERS (FOOD, STRESS, SLEEP)	MEDICATION / RELIEF
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DAY	CYCLE	MIGRAINE (1-5)	AURA?	TRIGGERS (FOOD, STRESS, SLEEP)	MEDICATION / RELIEF
11					
12					
13					
14					
15					

Patterns & Observations:
 Questions for Physician: