My migraine journal

Name: _____ Month: _____

One line per attack. Write it down the same day, even briefly: that's what makes this journal useful to your doctor.

Date	Start → end	Intensity 0 to 10	Treatment taken name, dose, time	Relief at 2 h? yes · some · no	Possible triggers codes below	Notes nausea, light, aura...

Trigger codes: SL sleep · PE period · ST stress · WE weather · MM missed meal · AL alcohol · SC screens · OT other

The same tracking, in one tap: **Ymig**, on the App Store.

This journal does not replace medical advice. Limits: ICHD-3 classification (medication-overuse headache, over 3 months).

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Migraine days

_____

Days with a triptan

_____

keep an eye on it from 10 days a month

Days with a simple painkiller

_____

paracetamol, ibuprofen, aspirin: keep an eye on it from 15 days a month

Questions for my doctor

_____

_____

_____

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