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Migraine diary

On days you have had a migraine attack you can answer the following questions:

Date					
What was happening at about the time you started having the migraine? For example: Did you feel stressed out? Had you gotten enough sleep, or eaten something out of the ordinary?					
When did you have a migraine today?	☐ morning ☐ noon ☐ afternoon ☐ nighttime	☐ morning ☐ noon ☐ afternoon ☐ nighttime	☐ morning ☐ noon ☐ afternoon ☐ nighttime	☐ morning ☐ noon ☐ afternoon ☐ nighttime	☐ morning ☐ noon ☐ afternoon ☐ nighttime
How long did the migraine last?	_____ hours	_____ hours	_____ hours	_____ hours	_____ hours
How severe was the pain?	☐ mild ☐ moderate ☐ severe	☐ mild ☐ moderate ☐ severe	☐ mild ☐ moderate ☐ severe	☐ mild ☐ moderate ☐ severe	☐ mild ☐ moderate ☐ severe
Did you take any medication? (If so: what kind and how much)	☐ no ☐ yes, type:	☐ no ☐ yes, type:	☐ no ☐ yes, type:	☐ no ☐ yes, type:	☐ no ☐ yes, type: