

Migraine and Cluster Headache Tracker

Month: _____

Day of the Month	Intensity (1-10)	Duration (# of hrs)	Pain Location/Quality	Environmental Factors (Lights, sounds, etc)	Associated Symptoms (See list below)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

- | | | |
|----------------------------------|---------------------------------|---------------------------------------|
| (A) Stiff or painful neck | (G) Nasal stuffiness | (M) Face drooping |
| (B) Nausea | (H) Runny Nose | (N) Numbness (loss of sensation) |
| (C) Vomiting | (I) Sensitivity to strong odors | (O) Fainting, Yawning |
| (D) Visual Disturbances* | (J) Tingling (pins and needles) | (P) Agitation |
| (E) Sensitivity to bright lights | (K) Eye tearing | (Q) Loss of part of your visual field |
| (F) Sensitivity to loud noises | (L) Eyelid Swelling | (R) Neck pain, stiffness |

Visual disturbances include flashing, blinking lights, and distorted images



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Migraine and Cluster Headache Tracker

Month (Continued): _____

Day of the Month	Intensity (1-10)	Duration (# of hrs)	Pain Location/Quality	Environmental Factors (Lights, sounds, etc)	Associated Symptoms (See list below)
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

- | | | |
|----------------------------------|---------------------------------|---------------------------------------|
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| (B) Nausea | (H) Runny Nose | (N) Numbness (loss of sensation) |
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| (D) Visual Disturbances* | (J) Tingling (pins and needles) | (P) Agitation |
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