



MIGRAINE · ENERGY · TOLERABILITY

# 90 Day Progress Diary

A simple daily record to help you and your healthcare professional understand changes over three months of consistent use – and to celebrate every win along the way, big or small.



NAME

START DATE

END DATE

HEALTHCARE  
PROFESSIONAL



## Getting Started

Scan for how to take Brain Ritual, the 30-day ramp-up, and what to expect over 90 days.

Brain Ritual® is a medical food intended for the dietary management of migraine under medical supervision. It is not intended to diagnose, treat, cure, or prevent any disease.

## GETTING STARTED

# How to use this diary

Complete the daily check-in at roughly the same time each evening. It should take about one to two minutes on most days. Consistency matters more than perfect detail.

## 01 Record Brain Ritual use

Mark the total number of stick packs taken that day, including half packs, and whether you took them in the morning or evening.

## 02 Record head symptoms

Mark headache or migraine, the highest severity, approximate hours, aura or associated symptoms, acute medicine use and effect on normal activities.

## 03 Rate energy, sleep and GI symptoms

Use 0 to 10 for energy and sleep, where 0 is the lowest and 10 is the highest. For GI symptoms, mark the highest severity and add the symptom in the note line.

## 04 Review each week and month

Count days from your entries. The reviews make gradual changes easier to see and give your clinician a concise overview.

Use the same definition of a migraine day throughout the diary. If your clinician has given you a definition, follow that.

### On a bad day, and on days you miss

**A bad day still counts.** If you are in the middle of an attack, tick the date and the Head row and stop there. A partial entry is useful — and the days you feel worst are the ones most worth having on the page. Fill in the rest later, or leave it.

**Missed days do not spoil the record.** Gaps are expected over three months, and a diary with blanks in it is still worth bringing to your appointment. Pick it back up on the next day you can — there is no need to reconstruct what you missed.

### IMPORTANT

Do not use the diary to delay medical care. Seek prompt medical advice for a new or unusually severe headache, new neurological symptoms, persistent vomiting or dehydration, or other concerning symptoms.

## BASELINE

## Your starting point

Think about the 28 days before starting. Estimates are acceptable. This baseline will make the Month 3 comparison much more useful.

## PREVIOUS 28 DAYS

|                       |                       |                         |                 |
|-----------------------|-----------------------|-------------------------|-----------------|
| MIGRAINE DAYS         | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | AURA DAYS       |
| ACUTE MEDICINE DAYS   | FUNCTION REDUCED DAYS | DAYS MISSED             | TYPICAL HOURS   |
| TYPICAL AM ENERGY /10 | TYPICAL PM ENERGY /10 | TYPICAL SLEEP /10       | GI SYMPTOM DAYS |

## CURRENT PREVENTIVE TREATMENT

## YOUR BRAIN RITUAL PLAN

|                             |               |                   |
|-----------------------------|---------------|-------------------|
| PLANNED STICK PACKS PER DAY | PLANNED TIMES | YOUR RAMP-UP PLAN |
|-----------------------------|---------------|-------------------|

## INSTRUCTIONS FROM HEALTHCARE PROFESSIONAL

## DATE OF NEXT REVIEW

### What would meaningful progress look like for you?

  
  

## OTHER SYMPTOMS OR OUTCOMES I WANT TO NOTICE

DAYS 1-7 · DAILY CHECK IN

# Week 1 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 1-7 · DAILY CHECK IN AND REVIEW

# Week 1 daily check in

Day 5

DATE

STICK PACKS

☐ 0

☐ ½

☐ 1

☐ 1½

☐ 2

☐ 2+

TAKEN

☐ AM

☐ PM

HEAD

☐ None

☐ Headache

☐ Migraine

SEVERITY

☐ Mild

☐ Mod

☐ Severe

FEATURES

☐ Aura

☐ Nausea

☐ Light/sound

☐ Acute med.

HOURS

ENERGY

AM

PM

FUNCTION

☐ OK

☐ Reduced

☐ Missed

SLEEP

GI

☐ None

☐ Mild

☐ Mod

☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0

☐ ½

☐ 1

☐ 1½

☐ 2

☐ 2+

TAKEN

☐ AM

☐ PM

HEAD

☐ None

☐ Headache

☐ Migraine

SEVERITY

☐ Mild

☐ Mod

☐ Severe

FEATURES

☐ Aura

☐ Nausea

☐ Light/sound

☐ Acute med.

HOURS

ENERGY

AM

PM

FUNCTION

☐ OK

☐ Reduced

☐ Missed

SLEEP

GI

☐ None

☐ Mild

☐ Mod

☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0

☐ ½

☐ 1

☐ 1½

☐ 2

☐ 2+

TAKEN

☐ AM

☐ PM

HEAD

☐ None

☐ Headache

☐ Migraine

SEVERITY

☐ Mild

☐ Mod

☐ Severe

FEATURES

☐ Aura

☐ Nausea

☐ Light/sound

☐ Acute med.

HOURS

ENERGY

AM

PM

FUNCTION

☐ OK

☐ Reduced

☐ Missed

SLEEP

GI

☐ None

☐ Mild

☐ Mod

☐ Severe

NOTE

Week 1 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK

☐ Worse

☐ Same

☐ A little better

☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 8-14 · DAILY CHECK IN

# Week 2 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 8-14 · DAILY CHECK IN AND REVIEW

# Week 2 daily check in

Day 5

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Week 2 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 15–21 • DAILY CHECK IN

# Week 3 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 15–21 • DAILY CHECK IN AND REVIEW

# Week 3 daily check in

Day 5

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Week 3 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 22-28 · DAILY CHECK IN

# Week 4 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 22-28 · DAILY CHECK IN AND REVIEW

# Week 4 daily check in

Day 5

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Week 4 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

## PROGRESS REVIEW

# Month 1 review

Copy each number across from your Week 1–4 reviews – nothing here needs counting again – then add each row for your month total. Look for the pattern, not individual days.

| MEASURE                     | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 | MONTH TOTAL |
|-----------------------------|--------|--------|--------|--------|-------------|
| Days recorded               |        |        |        |        |             |
| Migraine days               |        |        |        |        |             |
| Headache days               |        |        |        |        |             |
| Moderate or severe days     |        |        |        |        |             |
| Acute medicine days         |        |        |        |        |             |
| Aura days                   |        |        |        |        |             |
| Days function reduced       |        |        |        |        |             |
| Days missed                 |        |        |        |        |             |
| GI symptom days             |        |        |        |        |             |
| Days energy 7 or higher     |        |        |        |        |             |
| Stick packs taken           |        |        |        |        |             |
| Stick packs planned         |        |        |        |        |             |
| Average sleep /10 (average) |        |        |        |        |             |

An incomplete week is still worth totalling. Partial months show a pattern too.

## HOW THE MONTH FELT OVERALL

|                       |                       |
|-----------------------|-----------------------|
| TYPICAL AM ENERGY /10 | TYPICAL PM ENERGY /10 |
|-----------------------|-----------------------|

MOST COMMON GI SYMPTOM ☐ Nausea ☐ Bloating ☐ Pain ☐ Loose ☐ Constip. ☐ Reflux

OVERALL GI SYMPTOMS ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Improving ☐ Worsening

## Your overall change

☐ Much worse ☐ Worse ☐ No change ☐ A little better ☐ Much better

### MOST MEANINGFUL IMPROVEMENT

### MOST IMPORTANT DIFFICULTY OR SIDE EFFECT

### CHANGES TO MEDICINES, SUPPLEMENTS, DIET OR ROUTINE

### QUESTION TO DISCUSS WITH MY CLINICIAN



### Still finding your rhythm?

Getting Started covers ramp-up, settling your stomach, and why changes can take time.

DAYS 29-35 · DAILY CHECK IN

# Week 5 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 29-35 · DAILY CHECK IN AND REVIEW

## Week 5 daily check in

**Day 5** DATE

STICK PACKS ☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+ TAKEN ☐ AM ☐ PM

HEAD ☐ None ☐ Headache ☐ Migraine SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES ☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med. HOURS

ENERGY AM  PM  FUNCTION ☐ OK ☐ Reduced ☐ Missed SLEEP

GI ☐ None ☐ Mild ☐ Mod ☐ Severe NOTE

**Day 6** DATE

STICK PACKS ☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+ TAKEN ☐ AM ☐ PM

HEAD ☐ None ☐ Headache ☐ Migraine SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES ☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med. HOURS

ENERGY AM  PM  FUNCTION ☐ OK ☐ Reduced ☐ Missed SLEEP

GI ☐ None ☐ Mild ☐ Mod ☐ Severe NOTE

**Day 7** DATE

STICK PACKS ☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+ TAKEN ☐ AM ☐ PM

HEAD ☐ None ☐ Headache ☐ Migraine SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES ☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med. HOURS

ENERGY AM  PM  FUNCTION ☐ OK ☐ Reduced ☐ Missed SLEEP

GI ☐ None ☐ Mild ☐ Mod ☐ Severe NOTE

### Week 5 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 36–42 · DAILY CHECK IN

# Week 6 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      |                               | <input type="text"/>             |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 36–42 · DAILY CHECK IN AND REVIEW

## Week 6 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 6 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 43–49 · DAILY CHECK IN

# Week 7 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 43–49 · DAILY CHECK IN AND REVIEW

## Week 7 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 7 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 50–56 · DAILY CHECK IN

# Week 8 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 50–56 · DAILY CHECK IN AND REVIEW

## Week 8 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

 AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

 AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

 AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 8 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

## PROGRESS REVIEW

## Month 2 review

Copy each number across from your Week 5–8 reviews – nothing here needs counting again – then add each row for your month total. Look for the pattern, not individual days.

| MEASURE                     | WEEK 5 | WEEK 6 | WEEK 7 | WEEK 8 | MONTH TOTAL |
|-----------------------------|--------|--------|--------|--------|-------------|
| Days recorded               |        |        |        |        |             |
| Migraine days               |        |        |        |        |             |
| Headache days               |        |        |        |        |             |
| Moderate or severe days     |        |        |        |        |             |
| Acute medicine days         |        |        |        |        |             |
| Aura days                   |        |        |        |        |             |
| Days function reduced       |        |        |        |        |             |
| Days missed                 |        |        |        |        |             |
| GI symptom days             |        |        |        |        |             |
| Days energy 7 or higher     |        |        |        |        |             |
| Stick packs taken           |        |        |        |        |             |
| Stick packs planned         |        |        |        |        |             |
| Average sleep /10 (average) |        |        |        |        |             |

An incomplete week is still worth totalling. Partial months show a pattern too.

## HOW THE MONTH FELT OVERALL

|                       |                       |
|-----------------------|-----------------------|
| TYPICAL AM ENERGY /10 | TYPICAL PM ENERGY /10 |
|-----------------------|-----------------------|

MOST COMMON GI SYMPTOM ☐ Nausea ☐ Bloating ☐ Pain ☐ Loose ☐ Constip. ☐ Reflux

OVERALL GI SYMPTOMS ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Improving ☐ Worsening

### Your overall change

☐ Much worse ☐ Worse ☐ No change ☐ A little better ☐ Much better

#### MOST MEANINGFUL IMPROVEMENT

#### MOST IMPORTANT DIFFICULTY OR SIDE EFFECT

#### CHANGES TO MEDICINES, SUPPLEMENTS, DIET OR ROUTINE

#### QUESTION TO DISCUSS WITH MY CLINICIAN



Still finding your rhythm?

Getting Started covers ramp-up, settling your stomach, and why changes can take time.

DAYS 57–63 · DAILY CHECK IN

# Week 9 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 57–63 · DAILY CHECK IN AND REVIEW

## Week 9 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 9 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 64–70 · DAILY CHECK IN

# Week 10 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       |                               | <input type="text"/>             |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 64-70 · DAILY CHECK IN AND REVIEW

# Week 10 daily check in

Day 5

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Week 10 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 71-77 · DAILY CHECK IN

# Week 11 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 71-77 · DAILY CHECK IN AND REVIEW

# Week 11 daily check in

Day 5

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 6

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Day 7

DATE

STICK PACKS

☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+

TAKEN

☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine

SEVERITY

☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.

HOURS

ENERGY

AM ☐ PM ☐

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

Week 11 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 78–84 · DAILY CHECK IN

# Week 12 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 78-84 · DAILY CHECK IN AND REVIEW

## Week 12 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 12 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

DAYS 85-91 · DAILY CHECK IN

# Week 13 daily check in

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 1</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 2</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 3</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

|              |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             |                      |  |                      |
|--------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|-----------------------------|----------------------|--|----------------------|
| <b>Day 4</b> |                               |                                   |                                      |                                     |                            |                               |                                  |                                 |                             | DATE                 |  | <input type="text"/> |
| STICK PACKS  | <input type="checkbox"/> 0    | <input type="checkbox"/> ½        | <input type="checkbox"/> 1           | <input type="checkbox"/> 1½         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2+   | TAKEN                            | <input type="checkbox"/> AM     | <input type="checkbox"/> PM |                      |  |                      |
| HEAD         | <input type="checkbox"/> None | <input type="checkbox"/> Headache | <input type="checkbox"/> Migraine    | SEVERITY                            |                            | <input type="checkbox"/> Mild | <input type="checkbox"/> Mod     | <input type="checkbox"/> Severe |                             |                      |  |                      |
| FEATURES     | <input type="checkbox"/> Aura | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Light/sound | <input type="checkbox"/> Acute med. | HOURS                      | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |
| ENERGY       | AM                            | <input type="text"/>              | PM                                   | <input type="text"/>                | FUNCTION                   | <input type="checkbox"/> OK   | <input type="checkbox"/> Reduced | <input type="checkbox"/> Missed | SLEEP                       | <input type="text"/> |  |                      |
| GI           | <input type="checkbox"/> None | <input type="checkbox"/> Mild     | <input type="checkbox"/> Mod         | <input type="checkbox"/> Severe     | NOTE                       | <input type="text"/>          |                                  |                                 |                             |                      |  |                      |

GI note examples: nausea, bloating, abdominal pain, reflux, loose stool, constipation.

Mid-attack? Tick the date and the Head row, and stop there. A partial entry still counts.

DAYS 85-91 · DAILY CHECK IN AND REVIEW

## Week 13 daily check in

### Day 5

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 6

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

### Day 7

DATE

STICK  
PACKS
☐ 0 ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2+
TAKEN ☐ AM ☐ PM

HEAD

☐ None ☐ Headache ☐ Migraine
SEVERITY ☐ Mild ☐ Mod ☐ Severe

FEATURES

☐ Aura ☐ Nausea ☐ Light/sound ☐ Acute med.
HOURS 

ENERGY

 AM  PM 

FUNCTION

☐ OK ☐ Reduced ☐ Missed

SLEEP

GI

☐ None ☐ Mild ☐ Mod ☐ Severe

NOTE

## Week 13 review

Count from your daily entries. Estimates are fine, and blank days are normal – count what you have.

|                         |                       |                         |                     |
|-------------------------|-----------------------|-------------------------|---------------------|
| MIGRAINE DAYS           | HEADACHE DAYS         | MODERATE OR SEVERE DAYS | ACUTE MEDICINE DAYS |
| AURA DAYS               | DAYS FUNCTION REDUCED | DAYS MISSED             | GI SYMPTOM DAYS     |
| DAYS ENERGY 7 OR HIGHER | STICK PACKS TAKEN     | STICK PACKS PLANNED     | AVERAGE SLEEP /10   |

COMPARED WITH LAST WEEK ☐ Worse ☐ Same ☐ A little better ☐ Much better

WHAT SEEMED TO HELP OR TRIGGER SYMPTOMS

ANY CHANGE IN MEDICINES, ROUTINE, CYCLE, ILLNESS OR STRESS

## PROGRESS REVIEW

# Month 3 review

Copy each number across from your Week 9–13 reviews – nothing here needs counting again – then add each row for your month total. Look for the pattern, not individual days.

| MEASURE                     | WEEK 9 | WEEK 10 | WEEK 11 | WEEK 12 | WEEK 13 | MONTH TOTAL |
|-----------------------------|--------|---------|---------|---------|---------|-------------|
| Days recorded               |        |         |         |         |         |             |
| Migraine days               |        |         |         |         |         |             |
| Headache days               |        |         |         |         |         |             |
| Moderate or severe days     |        |         |         |         |         |             |
| Acute medicine days         |        |         |         |         |         |             |
| Aura days                   |        |         |         |         |         |             |
| Days function reduced       |        |         |         |         |         |             |
| Days missed                 |        |         |         |         |         |             |
| GI symptom days             |        |         |         |         |         |             |
| Days energy 7 or higher     |        |         |         |         |         |             |
| Stick packs taken           |        |         |         |         |         |             |
| Stick packs planned         |        |         |         |         |         |             |
| Average sleep /10 (average) |        |         |         |         |         |             |

An incomplete week is still worth totalling. Partial months show a pattern too.

## HOW THE MONTH FELT OVERALL

|                       |                       |
|-----------------------|-----------------------|
| TYPICAL AM ENERGY /10 | TYPICAL PM ENERGY /10 |
|-----------------------|-----------------------|

MOST COMMON GI SYMPTOM ☐ Nausea ☐ Bloating ☐ Pain ☐ Loose ☐ Constip. ☐ Reflux

OVERALL GI SYMPTOMS ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Improving ☐ Worsening

## Your overall change

☐ Much worse ☐ Worse ☐ No change ☐ A little better ☐ Much better

### MOST MEANINGFUL IMPROVEMENT

### MOST IMPORTANT DIFFICULTY OR SIDE EFFECT

### CHANGES TO MEDICINES, SUPPLEMENTS, DIET OR ROUTINE

### QUESTION TO DISCUSS WITH MY CLINICIAN



Still finding your rhythm?

Getting Started covers ramp-up, settling your stomach, and why changes can take time.

FINAL REVIEW

# Your 90 day comparison

Compare your starting point with Month 3. Bring this page and the monthly reviews to your healthcare professional.

| MEASURE                          | BASELINE | MONTH 3 | CHANGE |
|----------------------------------|----------|---------|--------|
| Migraine days per 28 days        |          |         |        |
| Headache days per 28 days        |          |         |        |
| Moderate or severe days          |          |         |        |
| Acute medicine days              |          |         |        |
| Days function was reduced        |          |         |        |
| Days completely missed           |          |         |        |
| Typical morning energy 0 to 10   |          |         |        |
| Typical afternoon energy 0 to 10 |          |         |        |
| GI symptom days                  |          |         |        |
| Typical sleep quality 0 to 10    |          |         |        |

Overall result

☐ Much worse ☐ Worse ☐ No change ☐ A little better ☐ Much better

THE CHANGE THAT MATTERED MOST TO ME

WHAT I NOTICED ABOUT CONSISTENCY OR DOSE

WHAT I WANT TO DISCUSS WITH MY HEALTHCARE PROFESSIONAL

Brain Ritual® is a medical food intended for the dietary management of migraine under medical supervision. It is not intended to diagnose, treat, cure, or prevent any disease.