

MIGRAINE YOGA™

MIGRAINE JOURNAL

DATE

DAY OF PROGRAM

DID YOU GET A MIGRAINE TODAY?
YES OR NO

HOW DO YOU FEEL TODAY,
EMOTIONALLY? HOW WAS YOUR
SLEEP?

POSSIBLE TRIGGERS

LIST SYMPTOMS, HOW LONG IT LASTED AND THE SEVERITY OF IT 1-10
(10 BEING THE WORST.)

WHAT DID YOU EAT AND DRINK
TODAY?

DID YOU DO YOGA? HOW DID YOU
FEEL BEFORE AND AFTER?

DID YOU DO MEDITATION/
MINDFULNESS/BREATH WORK? HOW DID
YOU FEEL BEFORE AND AFTER?

THOUGHTS OF THE DAY...OBSERVATIONS, INSPIRATION,
WINS, WHATEVER YOU LIKE!