

C H E R R Y B L O S S O M

H E A L I N G A R T S

Symptom	Symptom
<input type="checkbox"/> Tingling or numbness	<input type="checkbox"/> Dizziness / vertigo
<input type="checkbox"/> Neck stiffness or tension	<input type="checkbox"/> Difficulty concentrating / brain fog
<input type="checkbox"/> Fatigue or yawning before onset	<input type="checkbox"/> Mood changes before onset

COMMON TRIGGERS

Check any potential triggers you noticed before or during your episodes.

Trigger	Trigger	Trigger
<input type="checkbox"/> Stress or anxiety	<input type="checkbox"/> Hormonal changes	<input type="checkbox"/> Weather / pressure changes
<input type="checkbox"/> Lack of sleep	<input type="checkbox"/> Oversleeping	<input type="checkbox"/> Skipped meals
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Alcohol (esp. red wine)	<input type="checkbox"/> Caffeine or withdrawal
<input type="checkbox"/> Strong smells / perfumes	<input type="checkbox"/> Bright or flickering lights	<input type="checkbox"/> Loud noises
<input type="checkbox"/> Certain foods (cheese, chocolate)	<input type="checkbox"/> Physical exertion	<input type="checkbox"/> Excessive screen time

MONTHLY SUMMARY

Total migraines this month:	Most common trigger:	Avg. pain level:
	Most effective treatment / remedy:	Days impacted:
Avg. time to bed:		Avg. time to wake:

NOTES & REFLECTIONS

Patterns noticed, things that helped, or questions to discuss with your practitioner.
