

**Month:**

**Migraine diary for younger people**

Show how bad you feel by ticking under one of the smiley faces

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| **date** | Time | Food and Drink | Activities or events(e.g. weather, school, playing, family outing, holiday, sleep, reading) | Medication (What + dose) | Little pain | More pain | Lots of pain |
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| **date** | Time | Food and Drink | Activities or events(e.g. weather, school, playing, family outing, holiday, sleep, reading) | Medication (What + dose) | Little pain | More pain | Lots of pain |
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