My migraine diary

My name:			31-day symptom chart: startingtoto			
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Day 29	Day 30	Day 31	M = days with migraine (circle if severe)	oTC = o	ache pattern and impact: over-the counter tions used	Headache symptoms: N = nausea V = vomiting
			W = work missed A = activity missed T = treatment days	MC = m	escription medications use nenstrual cycle tion used	S = sound sensitiveL = light sensitivePM = pain with movement



My migraine treatments

Date of headache://	(1 = mild, 5 = severe)	Date of headache: / /	(1 = mild, 5 = severe)
Medication (s):		Medication (s):	
What time did your headache start?		What time did your headache start?	
What time did you take something?		What time did you take something?	
What did you take? What dosage?		What did you take? What dosage?	
How severe was your headache when you began treatment?	1 2 3 4 5	How severe was your headache when you began treatment?	1 2 3 4 5
Describe your headache 30 minutes:	1 2 3 4 5	Describe your headache 30 minutes:	1 2 3 4 5
Did you take anything else? (Rescue)	yes no	Did you take anything else? (Rescue)	yes no
If yes, what did you take and at what time?		If yes, what did you take and at what time?	
Notes / Questions for my provider:		Notes / Questions for my provider:	
Date of headache://	(1 = mild, 5 = severe)	Date of headache: / /	(1 = mild, 5 = severe)
Date of headache: // Medication (s):		Date of headache:// Medication (s):/	
			
Medication (s):		Medication (s):	
Medication (s):		Medication (s):	
Medication (s): What time did your headache start? What time did you take something?		Medication (s):	
Medication (s): What time did your headache start? What time did you take something? What did you take? What dosage?		Medication (s):	
Medication (s): What time did your headache start? What time did you take something? What did you take? What dosage? How severe was your headache when you began treatment?	1 2 3 4 5	Medication (s):	1 2 3 4 5
Medication (s): What time did your headache start? What time did you take something? What did you take? What dosage? How severe was your headache when you began treatment? Describe your headache 30 minutes:	1 2 3 4 5 1 2 3 4 5 yes no	Medication (s):	1 2 3 4 5 1 2 3 4 5 yes no



Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.isf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

<u>ATENCIÓN</u>: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

<u>CHÚ Ý</u>: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

<u>주의</u>: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

<u>BHИМАНИЕ</u>: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

<u>PAUNAWA</u>: Кипд падзазавіта ка пд Тадаlод, тадагі капд дитаті пд тра serbisyo ng tulong sa wika nang walang bayad. Титаwад sa 800-817-3056 (ТТҮ: 711).

<u>УВАГА!</u> Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

<u>ATTENTION</u>: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711). <u>UWAGA</u>: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711). <u>ATENÇÃO</u>: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

<u>ATTENZIONE</u>: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711). <u>توجه:</u> اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 3056 (TTY: 711 توجه: